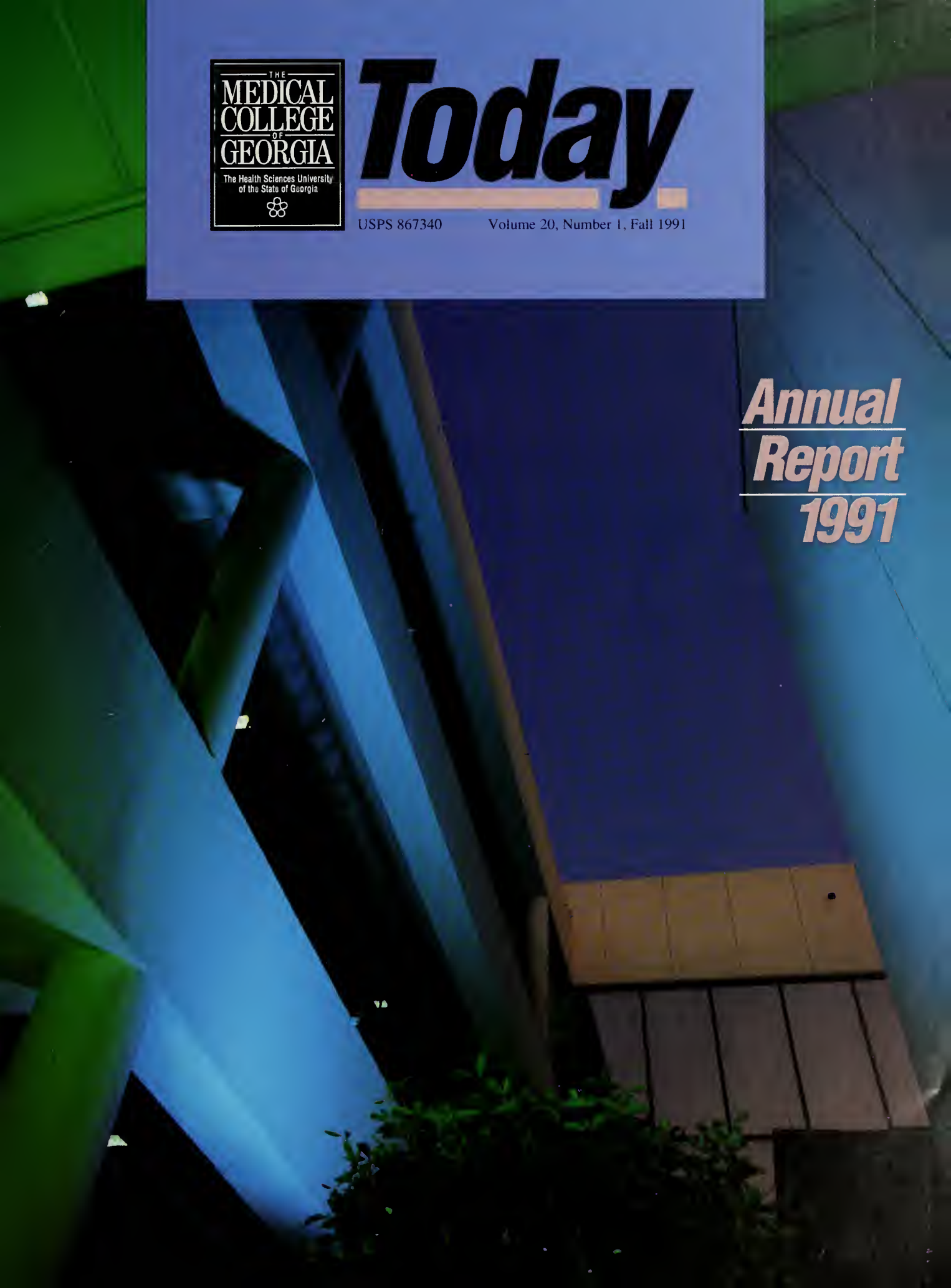
THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia
Today
USPS 867340
Volume 20, Number 1, Fall 1991
Annual Report 1991

Annual Report 1991

Introduction

Anyone who doubts that the Medical College of Georgia is on the move need only glimpse at the faces and events that have shaped the past year. This annual report edition of *Medical College of Georgia Today* offers that glimpse.

Take a look, for instance, at two vital new members of the MCG team. Dr. John A. Hardin, an MCG alumnus and former chief of rheumatology at Yale University, has exciting plans and abundant talent to bring to his new post as chairman of the Department of Medicine. Dr. Thomas R. Gadacz, former professor of surgery at Johns Hopkins Hospital, brings years of experience and high-tech expertise to his new post as chairman of the Department of Surgery. Both are profiled in this edition of the magazine.

And take a look at some of the dazzling research efforts unfolding on campus. A gene linked to Alzheimer's disease, the cellular basis of aging, a cancer killer, a drug to treat gum disease—all are among the amazing examples of the fruits of MCG researchers' labor, and all are described in the magazine.

And we never forget the efforts of those who apply the miracles of medicine to ensure good health and bright futures. Read about Valerie Terry, for instance, pediatric coordinator of respiratory care at MCG. She has a vested interest in the outcomes of tiny newborns: 26 years ago, she was born two months premature at MCG. The health care she received saved her life and cemented her destiny as one who would battle for others' lives as MCG battled for hers. Also featured is the School of Nursing Rural Health Outreach Program, which ensures health care for the impoverished residents of rural Jefferson County, Ga.

And as usual, the annual report includes information we have all too few occasions to highlight: those who have donated their resources to MCG, for instance, and a hospital report detailing just how the facility touches the lives of those throughout Georgia and beyond.

We are proud to present this information and hope you enjoy reading about it.

Sincerely,

Francis J. Tedesco

Francis J. Tedesco, M.D.
President, Medical College of Georgia

THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

USPS 867340 Volume 20, Number 1, Fall 1991

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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

Medical College of Georgia Today (USPS) is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Divisions of Institutional Relations and Health Communications; Medical College of Georgia; Augusta, Georgia 30912. Advertising inquiries should be directed to Graphic Advertising, P.O. Box 397, Augusta, Georgia 30903. Published quarterly, *MCG Today* is furnished to alumni and friends of MCG without charge. Second-class postage is paid at Augusta, GA. The appearance of advertisements in this publication does not constitute an endorsement by the Medical College of Georgia of the products or services advertised. *Postmaster:* Send address changes to Data Update Office, FI–100 Alumni Center, Medical College of Georgia, Augusta, Georgia 30912

Thomas R. Gadacz had frogs and salamanders for pets and has caught some pretty big snakes in his time.

This Catholic son of a long line of bankers liked to walk in the woods, look at flowers, trees and birds and for animal tracks.

In high school in South Bend, Ind., he helped curate the city's museum, was president of the local Audubon Society and even helped compile a bird registry for the city.

While he was majoring in zoology at the University of Notre Dame, he curated the biology museum there and taught summer biology courses to his fellow students.

He liked to take them to the bogs around South Bend. He'd be at one end of the bog, giving his talk, and would have the students stand at the other end.

"Because of all the weight on their side, the bog would start going down. I'd be up sort of high and dry."

And he was up there wondering what he should be.

Dr. Corley McFarland, a good friend and ophthalmologist, told the amiable Dr. Gadacz to merge his interest in science and people and consider medicine. So he spent time with the family doctor, Dr. Brian Donnelly.

"I thought it was really fascinating what he was doing. When I saw him really helping people, that sort of turned me on."

He had a genetics fellowship all lined up at Stanford University. He asked the head of the program if he could put the fellowship on hold for six months. "He said, 'You've got to be kidding.'"

It took three months at St. Louis University School of Medicine before Dr. Gadacz was sure he'd made

Forging New Ground

the right decision.

"I thought it was a lot of craziness, how intense things were. We were in class all day, then we'd come home and study for another six hours."

So much for walks in the woods and bogs.

Anatomy probably is what brought reason to the insanity. While fellow students were moaning and groaning, Dr. Gadacz found himself fascinated by the workings of the human body.

Today the new chairman of the Medical College of Georgia Department of Surgery is an expert at unique perspectives on those workings, gaining two-dimensional views through half-inch round endoscopes that peer into a gastrointestinal tract illuminated by a fiberoptic light source.

Then, inserting instruments through tiny incisions, he dissects the gallbladder from the bile duct and liver, empties it, grabbing the emptied gallbladder with forceps and removes it from the abdomen.

His perspective means less pain, scarring, recovery time and cost to the patient with gallstones.

The gallbladder's job is to store and concentrate bile it gets from the liver. Bile is essential to the breakdown of fat in food. When you eat, the gallbladder contracts to release that bile into the bile duct and the first part of the small intestines. It's a system that typically works well until gallstones make the gallbladder ineffective and painful.

It was during the 1960s at the University of Chicago that he became interested in gastrointestinal surgery. Heart surgery was all the rage those days and he remembers a faculty member telling him that the heyday of gastrointestinal surgery had come and gone.

"I'm glad I didn't take that advice."

So when he hands out advice to medical students or residents trying to make hard decisions about the future, he tells them this: "The bottom line is if you do what you enjoy doing, then whether there are high points or low points, you are going to be content. If you don't like what you are doing, you are going to have a hard time going to work every day."

Going to work has never bothered Dr. Gadacz.

The Vietnam War interrupted his time at Chicago. He was drafted. The U.S. Navy offered what sounded like was a good deal, but forgot to mention that the Navy supplied doctors for the U.S. Marines. "I knew I was going to war when they sent me to survivor's school," he said.

He got a hard education there in medicine and in life.

Two years later, he came back, this time to the University of California to study with Dr. Lawrence Way the hormones that influence the stomach to secrete acid and the complex interaction between acid secretion and gallbladder contraction.

San Francisco also provided the opportunity for Dr. Gadacz to finish his surgical training. Then in 1974, in a move that is a little unusual for a surgeon, he did a GI medicine fellowship at the Mayo Clinic. All this learning taught Dr. Gadacz that he liked the academic environment.

"I like to take care of very complicated patients. I like the research aspects and the teaching. I enjoy getting together with students and residents and sharing things that I know and stimulating them to start thinking about some of these problems and how are we going to solve them."

He began his own professional career at The Johns Hopkins Hospital and the Department of Veterans Affairs Medical Center in Baltimore in 1975. When he left to take the chairmanship at MCG, he was professor of surgery at The Johns Hopkins Hospital and chief of the surgical service at the VA.

As MCG chairman, he brings his high-tech approach to surgery with him. He's already working with engineers at the Georgia Institute of Technology to improve the perspective through a laparoscope by making it three-dimensional and honing optics so more can be seen with smaller scopes.

"I'm very optimistic. What we are planning is a center of minimally invasive surgery. For example, if somebody comes into the emergency room with abdominal pain and you get all the standard studies and they don't show anything, we are going to put a little needle in the abdomen, inflate a little carbon dioxide (to distend the abdomen so the doctor can see) and just drop the scope right through the needle so you really won't even have an incision."

He's also looking forward to working with Dr. John A. Hardin, the new chairman of the Department of Medicine, at expanding transplantation programs to include liver, lungs and heart as well as following up with already announced plans for pancreas and bone marrow transplant programs.

But he wants these to be solid programs. "I think the timing of these is very critical. I've been around enough to see liver transplant programs fail miserably. The reason is that somebody got very enthusiastic about wanting to do them, but did not have the backup really to do it."

Conversations already have begun with faculty members interested in immunology to study the genetic structure of tumors and to manipulate the immune system to kill tumors.

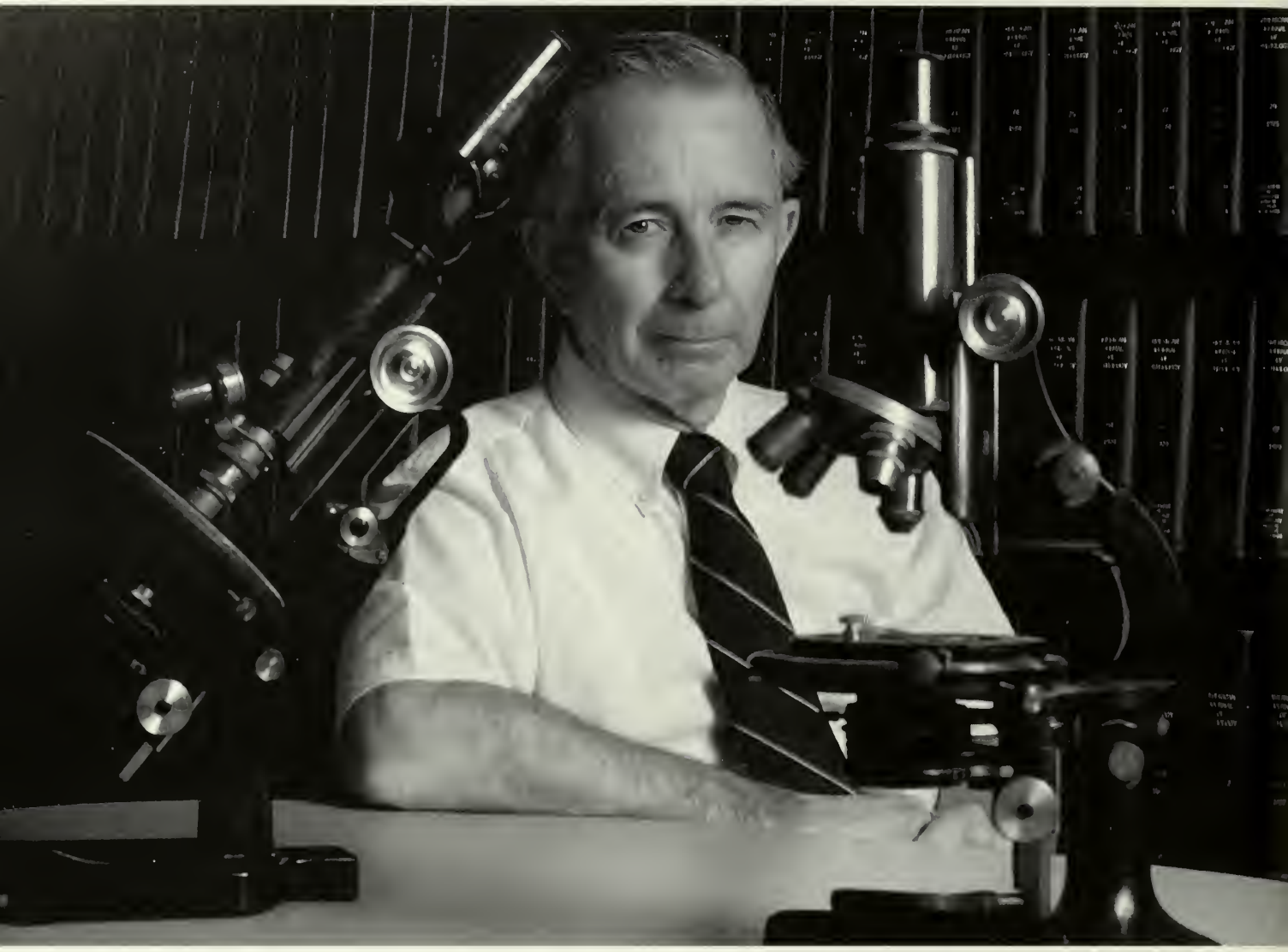
He's looking at the residency programs, with plans to add a year of research training to the general surgery residency. "It will be an option initially for general surgery," Dr. Gadacz said. Eventually the research aspect will be mandatory and will be added to all surgical training programs at MCG.

And he's also looking at a department that he arrived to find left in good shape by Dr. Arlie R. Mansberger Jr., who retired in March after 18 years. He thanks Dr. Mansberger for that solid legacy and says the strong clinical base of the department was a big drawing card.

Yes, barring restrictions that result from state budget problems, he probably needs to hire about 12 new faculty over the next five years to strengthen existing department skills and bring new ones.

But no, he doesn't want the good faculty who already are here to feel apprehensive. His goal is to support and enhance their skills and programs while developing new programs and people.

—TONI BAKER



Prime Suspects

They are major suspects.

Obtrusive clots that form on blood vessel walls.

Smooth muscle cells that normally help make blood vessels elastic.

Monocytes that work like garbage collectors in the body.

They appear guilty of contributing to the development of atherosclerosis.

And the Medical College of Georgia Department of Pathology has assembled a team of investigators to determine the role of each in this country's number-one killer.

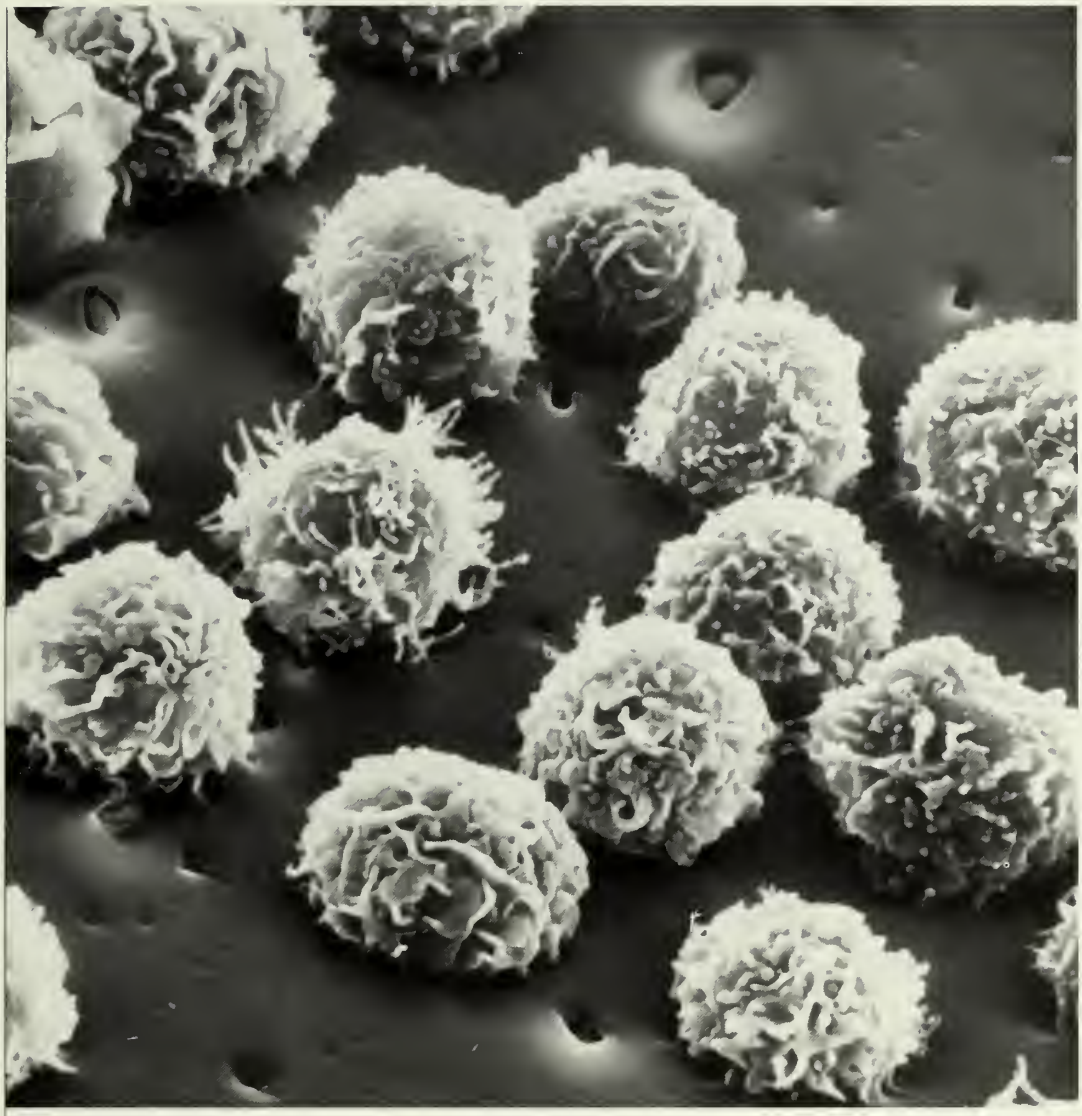
Dr. A. Bleakley Chandler, chairman, is part of a national, multicenter study—the Pathobiological Determinants of Atherosclerosis in Youth (PDAY) project of the National Heart, Lung and Blood Institute.

Dr. A. Bleakley Chandler

The PDAY study is designed to document plaque formation, why it occurs where it occurs and at what point risk factors such as smoking and high blood cholesterol become important.

Dr. Chandler is focusing on clots that form on blood vessel walls. The wall may actually grow around or engulf the clot, for all practical purposes transforming the clot into an atherosclerotic plaque beneath the endothelium, or lining, of the blood vessel.

"The question is, what precedes the thrombus developing on the arterial wall?" Dr. Chandler said. "Why there? Why that particular point?



Scanning electron micrograph of monocytes, likely forerunners of plaque formation.

"It's been known for over 100 years that thrombosis contributes to the formation and buildup of a plaque by forming on the vessel wall, then becoming organized, which means it's converted to connective tissue. It is known that in an older population, let's say from 40 to 65 years of age, in which virtually everyone in Western society has atherosclerosis to some degree, one can find evidence of thrombosis in roughly 45 percent of the lesions, which is an extremely large number when you think about it as a factor in the evolution of disease.

"The question that has never been answered has to do with whether or not the thrombi are involved with the initiation of the disease or is thrombosis simply the process that leads to occlusion of the artery after a plaque has started," Dr. Chandler said.

Pathology professor Raghuanatha N. Rao also is asking questions.

His are about the smooth muscle cells of the blood vessel walls that normally have the function of regulating blood flow and blood pressure.

Their location in the early years of life is in the middle layer of the wall of blood vessels. With age, they tend to move into the intima, the innermost layer of the wall of the blood vessel where atherosclerosis occurs. While doing this, some of them also take on the role of thickening the intima, a process which occurs in everyone—to some extent—with age.

"Smooth muscle cells, when they get to the intima, may acquire the ability to multiply and secrete proteins," Dr. Rao said. "So they change their character. They act differently. They are not just contractile. They have now become proliferative and synthetic." This is where the cells start making connective tissue and so take on the undesirable role of thickening blood vessels.

Every smooth muscle cell has this intrinsic ability to begin producing connective tissue, but not all cells do it. Cells that do seem to be found in higher numbers at points in the blood vessels where atherosclerosis is common.

"Do these numbers vary according to age, smoking, sex, cholesterol levels and so on? We don't know the answers yet," Dr. Rao said.

He also wants to know if these altered smooth muscle cells have a role in changing potentially harmless accumulations of fat in the intima into plaque.

To answer these questions, Drs. Chandler and Rao and their collaborators in the PDAY study, Dr. Greer Falls, assistant professor of pathology, and Benjamin O. Spurlock, associate professor, are looking at the blood vessels of young Americans—ages 15 through 34—who were victims of trauma.

"We are collecting cases through all these ages and looking at exactly the same spot on the arteries in every case so that when you put all this together, hundreds of cases, you can see what has occurred at this one spot in the vessel," Dr. Chandler said.

When all the data is collected, researchers will combine information about the state of the arteries with known risk factors of the young people in this study.

Researchers are in the sixth year of this seven-and-one-half-year PDAY study, which is the first prospective study looking at the various components of the blood vessel and analyzing those in relation to known risk factors such as smoking and high blood cholesterol levels.

Because as much as is known about what risk factors are, it's still not known at what point they become significant in this disease.

"You have people who present with high blood pressure; there are very effective antihypertensive drugs these days," said Dr. Ross G. Gerrity, a Ph.D. in experimental pathology. "You can control high blood pressure so you reduce a

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Dr. Ross G. Gerrity

risk factor there. So we can reduce the risk factors, or if somebody reaches the point where he's got disease so severe that he's got angina, then we do bypass surgery or we can do angioplasty.

"What we can't do at this point is prevent the disease from occurring," Dr. Gerrity said. "This disease takes 40 years or so to develop," starting in the late teens or early 20s, with some lesions—or sites of plaque formation—becoming clinically significant and others not.

"We are trying to understand why that happens with the hope that if we know what's happening when a person is 25 years old, then we can do something to change the course of the disease such that when he's 55 or 60 years old, he's not going to have a heart attack."

Research and experience have shown that the fat accumulation and the laying down of connective tissue that produce plaque do not happen uniformly in an artery.

Rather susceptible areas are associated with the places where arteries branch.

And there are plenty of them.

They are in the chest cavity; the abdominal area, where arteries branch to take oxygen-rich blood to vital organs like the kidneys; and the groin areas where arteries branch again to take blood to the legs.

Dr. Gerrity's focus in these key areas of the body are the monocytes, those garbage collectors that function as part of the body's immune system to remove unwanted invaders such as fat that drops out of the blood and lodges in blood vessel walls.

"What we believe and the evidence that we have from our work is that the cells move into these susceptible areas, clean up this fat and a large number of them move back out again," Dr. Gerrity said.

Once fat-laden, monocytes are called foam cells. Apparently some of these foam cells overindulge and get stuck in the inner lining of blood vessel walls, where they die and likely become the early basis for plaque formation. Once that process starts, it becomes even harder for foam cells to get out of the artery wall and so it becomes easier for significant plaque to build at that site.

"The arterial wall accumulates fat or lipids which (move) from the blood into the vessel wall," Dr. Gerrity said. These produce the same fatty streaks Dr. Rao is interested in.

"That (accumulation) seems to set off a whole chain of events which are really very poorly understood still," Dr. Gerrity said. "It's a very complex chain of events, but basically it causes the smooth muscle cells of the wall to start dividing and become more numerous and triggers the movement of the monocytes from the blood into the intima.

"Once the cells start doing that, they start laying down a lot of fibrous tissue. You get a swelling of the inner part of the vessel in toward the middle of the vessel, the lumen, where the blood flows. Eventually, of course, it can occlude the vessel and shut off blood flow."

Dr. Gerrity believes the monocytes to be part of the body's early defense mechanism against atherosclerosis.

Animals on high-fat, high-cholesterol diets start accumulating lipids in their arteries in just a few days. Those animals also have more monocytes circulating in their bloodstream, strongly suggesting that the body is responding to too much fat, by making more of a product designed to eliminate it.

"The vessel wall itself produces protein that stimulates production of monocytes," said Dr. Gerrity, who is collaborating with scientists at the U.S.S.R. Cardiology Institute in Moscow to examine this response and with molecular biologists at the University of California at Los Angeles to examine the protein.

A recent half-million-dollar grant from the National Institutes of Health will allow him to continue his studies, looking at many of the same issues in man.

As Dr. Chandler and Mr. Spurlock, director of the MCG Electron Microscopy Laboratory, have looked at tiny clots in human arteries, they also have found collections of cells Dr. Gerrity believes are monocytes.

To date Dr. Gerrity has primarily studied atherosclerosis in swine, which, like man, develop the disease spontaneously. Now he will ask those same questions and more when examining human arteries.

He'll work with MCG pathologist Francis W. Chandler Jr. using molecular biology techniques to determine if these cells are monocytes and if they are producing some type of protein to attract more monocytes.

He'll look to see if in areas of fat accumulation, somehow the lining of the blood vessel is altered, making it easier for even more monocytes to come in. And if some sort of attachment molecule also is produced in these areas which makes the monocytes more prone to get stuck in the lining once they get in.

"It may be that if we find, for example, the monocytes that come into the wall trigger all the rest of the events that lead to clinically significant plaque, then perhaps that will lead to drug treatments, for example, that will alter the function of monocytes," Dr. Gerrity said.

"Or, if the monocyte is a good guy that goes in and clears lipid from the wall like we think it is, then maybe we can find mechanisms that accelerate that process to remove the lipid from the wall so plaque doesn't develop."

—TONI BAKER

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Recipe for Success

The day he nearly blew himself up, John A. Hardin decided maybe he wouldn't be a rocket scientist.

He was an 11th-grader intrigued with mixing things together to see what would happen. So he turned to biology, thinking maybe he'd mix non-explosives.

But he couldn't quite walk away from people. Medicine provided fertile ground for Dr. Hardin to do both. As the new chairman of the Medical College of Georgia Department of Medicine, Dr. Hardin plans to keep that ground fertile for others.

Here's what he figures he needs: People who are true global physicians, able to take care of a majority of medical problems. People who are fairly focused on high-tech medicine, such as angioplasties and cardiac catheterizations. People who get up in the morning with research as their major mission. And—pulling these efforts together—people he calls physician-scientists.

"I'm talking about individuals whose clinical interest would be very confined and whose basic science interest would be very deep. This is getting away from the traditional three-legged stool (of teaching, research and patient care)," said the 1969 graduate of the MCG School of Medicine and the school's 1978 outstanding alumnus.

"It's nice for us to tell ourselves that we can have people here who are excellent physicians, excellent scientists and excellent teachers. But the truth is, that's unrealistic."

It's unrealistic for someone to, say, be technically excellent at cardiac catheterization, to relate that technology to the patient who needs it and still run a molecular biology lab, Dr. Hardin said.

What isn't unrealistic is this assortment he describes.

"I think the shape of the Department of Medicine that we are looking at in the year 2000 here and in other major medical centers is one that is going to be made up of a variety of people," he said. "One of my goals at MCG will be to foster the development of the physician-scientist, people who can function on a competitive basis with their colleagues in the basic sciences and at the same time have a clinical presence."

The presence might be in rheumatoid arthritis. The physician-scientist would be a world leader in that particular disease within the broader spectrum of rheumatology. As a physician, he would treat that disease and as a scientist he would look for the basic immune system defect responsible for it.

"These individuals will interact with the even more specialized investigators and the broader clinicians in our department so that we can truly achieve excellence in research, education and patient care," Dr. Hardin said. "We have to recognize that the time has come for some new dimensions. We have to build a new dimension in research in the department, research that can compete with institutions like Yale, like Harvard. We can do that.

"We have the ability to put together, over the next several years, a core group of people in selected, focused areas who can compete with their colleagues on a national basis. We cannot encompass every conceivable medical problem. We can't cover molecular medicine across the board. But we can select a few focused areas that we can designate for excellence and we can compete in those areas."

The new chairman considers himself one of these physician-scientists. His early fascination with mixing things together held up to and was nurtured in his years at MCG, working alongside faculty such as Drs. Joseph P. Bailey Jr., Russell R. Moores, James Hudson and A. Jay Bollet.

"The clinical sciences and clinical teaching here, I felt, were really superb. We spent a lot of time with the faculty."

He also remembers having good fun and comraderie with his classmates; he and Drs. Joel F. Parker, J. Daniel Hanks Jr. and Edward W. Brewster Jr. became a regular foursome.

Those positive memories followed this Washington, Ga., native to Rochester, N.Y., for a residency and fellowship in internal medicine at Strong Memorial Hospital. He worked for two years as a clinical associate at the National Institutes of Health before completing his internal medicine and rheumatology training at The Massachusetts General Hospital in Boston.

"That was a superb place to go if you wanted to be trained as an investigator," he said of his experience at the NIH. And it was during that time he refined his interests and skills in immunology under the mentorship of Drs. Alfred Steinberg and John Decker, two leading investigators in rheumatic diseases. The strong research and clinical environment at Massachusetts General provided a logical follow-up.

He capped off his training with a postdoctoral fellowship in rheumatology and a special NIH postdoctoral fellowship in clinical immunology with Drs. Kurt Bloch and Stephen Krane. The immune system fascinated him. Its components were just being identified at the time, animal models for immune system diseases were being developed and technology was becoming available to dissect the different cells of this vital system and study their function.

He joined the Yale University faculty in 1976 and became its rheumatology section chief in 1988. He further honed his skills as a visiting scientist for a year in the Department of Biochemistry at

Cambridge University in Dr. Jean O. Thomas' laboratory.

As a physician-scientist, he has focused over those years on treating and researching systemic lupus, an inflammatory disease affecting mainly young women. Its cause unknown, he's been working for 22 years to understand why the patient's immune system turns on the body. He brings that work with him to MCG.

He also brings a deep feeling for the school that gave him a good education, steered him toward an outstanding career and now has asked him back to be a leader.

"The potential to do things at this institution is really unprecedented. We have more potential here than any place I know. We are in a state that is doing well, relatively. Everybody in the country is facing budget issues. But the budgetary issues here are ones the state will deal with in an effective way. It's not going to be easy, but it's doable."

Now strong state support must be bolstered with strong outside dollars.

"Science is very sophisticated. It's very big business. It's extremely competitive. It's become more competitive in the last 10 years." He won't say there are enough dollars available for research. He does say dollars are there and first-class scientists can compete for them.

And there are other issues.

Residency programs already are being revitalized within his department to ensure their effectiveness and competitiveness. "We need to bring the clinical activities of the department into a new era, as well," Dr. Hardin said. "We need to develop the image of MCG as being the best place in the state to go if you need a doctor. We need to be responsive to everybody in the state who has a health-care concern."

So he brought with him Dr. Daniel W. Rahn, also a rheumatologist who was director of faculty practice for the Department of Internal Medicine at Yale, to help do just that. As department vice chairman, Dr. Rahn will focus on clinical activities while Dr. Hardin concentrates on academics.

"It's clear that this institution wants to support what the Department of Medicine seeks to do," Dr. Hardin said. "There are great things to be done."

—TONI BAKER

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Through the charitable income tax and estate tax deductions, Congress encourages philanthropy. If appropriately structured, a gift of life insurance qualifies for these deductions. For example, if you name us as the owner and beneficiary of an existing policy, you will receive a charitable income tax deduction for the value of the policy contributed. In addition, you will receive a charitable deduction each year for the continued payment of premiums.

3. *A Way to Continue Giving*

If you contribute annually to MCG and would like these contributions to continue beyond your lifetime, you may wish to consider a gift of life insurance. Through naming us as the owner and beneficiary of a policy (or even by naming us as just the beneficiary), the proceeds from the policy could be used to endow your annual gift for many generations to come. What easier way is there to make a lasting gift?

You can give, cost free. Making a gift to us at virtually no cost to you seems too good to be true. But it is possible. And better yet, the gift can be structured so that you will continue receiving income from the property you contribute.

The use of life insurance is sometimes called asset replenishment or asset replacement. It enables you to give us property or cash now and use the tax savings to purchase an equal or greater amount of life insurance for the benefit of your spouse, children or others. Thus, the life insurance replaces the value of the donated assets so as not to reduce your heirs' expected inheritance. Additionally, if you contribute cash, securities or other property to us in the form of a "charitable remainder trust," you will receive annual income back from us on the assets you have contributed.

Asset replenishment thus enables you to make a significant gift without having to forgo the income from your assets and without diminishing your estate. In fact, because life insurance proceeds can sometimes be structured to be estate tax free, the beneficiaries of your estate may actually be better off than had they inherited the contributed property from your estate.

Making a Gift of an Existing Policy

Almost everyone has some degree of life insurance coverage. That insurance could be in the form of group protection provided by your employer or in the form of an individual policy you purchased from a professional life insurance underwriter or financial planner. Whatever its origin, you may have more life insurance than you realize. And since the primary purpose of life insurance is to provide coverage for financial loss resulting from death, you may have more coverage than you need. After considering the benefits of a gift of life insurance, you may decide it is one of the best possible ways to make a substantial charitable contribution.

Although everyone's circumstances are different, a gift of an existing life insurance policy may be appropriate if you purchased life insurance to: insure the education of your children, who are now grown and on their own; insure your retirement, but your financial situation is such that you no longer need it; pay off your home mortgage in case of your premature death, but your home is now paid for, or close to it; financially protect a business which has now been sold or doesn't need the protection; protect your estate and heirs from the burden of estate taxes which may no longer be necessary since estate tax laws have changed.

If you pay premiums on a life insurance policy you no longer need, a gift of the policy to us will free you of paying the premiums. We will either pay the premiums or exercise another option available to us under the policy. However, if you choose to continue paying the premiums, you would be entitled to an income tax charitable contribution deduction for the amount of premiums you pay each year.

It's easy to contribute a life insurance policy to us. Just check with your life insurance agent for details on which forms to complete. Keep in mind, too, that you need not contribute an entire life insurance policy or designate us as the sole beneficiary of the policy. You can name us as a co-beneficiary, i.e., designate us as the beneficiary of a portion of the proceeds.

Or perhaps a more sophisticated arrangement such as a life insurance trust would better suit your circumstances. For instance, you could arrange for your insurance proceeds to be used first to support your spouse and children and then at a later date distributed outright to MCG.

There are numerous ways to make gifts through life insurance. This discussion is only an introduction. For information on how to apply this general information to your specific situation, contact your life insurance agent or other estate planning professional. I would be pleased to provide you, your life insurance agent and your attorney or other adviser with more information and help in any way possible. My toll-free number is 1-800-869-1113.

—BRUCE HOWERTON
DIRECTOR OF PLANNED GIVING

RESEARCH HIGHLIGHTS

Putting Brakes on Gum Disease

The Medical College of Georgia is one of five centers in the United States and Great Britain studying a new drug that may fight gum disease.

Gum disease, also known as periodontitis or pyorrhea, is a leading cause of tooth loss in adults, according to Dr. Phil Hanes, associate professor of periodontics and director of the graduate periodontics program at the MCG School of Dentistry.

"The new drug is made up of an antibacterial agent to kill the bacteria that cause gum disease," he said. "The drug is released slowly, so the patient has a more continual protection to fight the bacteria."

The new drug is actually placed on the teeth just below the gumline in the pockets that are caused by gum disease. It is a simple procedure performed by the dentist in the affected areas. Researchers hope to determine the efficacy of the new drug and the best methods and timing for its use, Dr. Hanes said.

Approximately 40 patients with gum disease are involved in the three-month study at MCG. Patients receive free periodontal care during the study, which is sponsored by Atrix Laboratories, Inc., a research and development pharmaceutical company based in Colorado.

All adults with teeth are at risk for gum disease, although some people may have a genetic or immune-system predisposition toward developing the disease.

"We often think of periodontitis as a disease that affects people in their mid-30s and above, but we begin to see the early stages of gingivitis and periodontitis in the teen-age and early-adult years, unless good habits of oral cleanliness and oral hygiene have been established," said Dr. Jefferson Hardin, associate professor of periodontics at the MCG School of Dentistry. "This is something that everyone is at risk for."

Symptoms of early gum disease, called gingivitis, include puffy and tender gums which may bleed more easily than healthy gums. Symptoms of more advanced gum disease, periodontitis, include receding gums and bone loss, which eventually results in loss of teeth. Unfortunately, the condition is painless until the very late stages, when the dentist may no longer be able to save the patient's teeth.

"Unfortunately, unlike toothaches associated with dental cavities and abscesses, periodontal disease is usually a painless process," Dr. Hardin said. "Therefore, the patient may be unaware there is a problem and may not seek professional diagnosis and treatment until it too late to save the teeth."

Since the condition is caused by bacteria found in plaque in everyone's mouth, controlling plaque and bacteria is critical to preventing and treating periodontal disease. While bacteria are normally found in the mouth, Dr. Hardin stressed that if teeth aren't cleaned regularly the more damaging types of bacteria multiply quickly and can cause damage. Often, people are unaware of the bacteria until they already need extensive periodontal treatment.

Fortunately, early gingivitis is easily treated with proper brushing, flossing and regular dental cleanings. If gum disease has already progressed to more advanced stages, dentists can still usually save the patient's teeth. Treatments include non-surgical, surgical and chemical anti-microbial therapies to correct any structural damage that has occurred and prevent any further damage.

"At this stage, there is actually a loss

Dr. Phil Hanes

of supporting tissues surrounding the tooth, the attachment mechanism that keeps the tooth firmly attached to the bone," Dr. Hardin said.

"After diagnosis, a dentist can usually treat the disease and prevent further damage with non-surgical deep scaling and root planing, to remove deep tartar deposits from underneath the gum as well as plaque bacteria and toxins that have become imbedded in the outer layers of the root surface itself," Dr. Hardin said. "With modern anesthetics, these procedures are not uncomfortable for the patient and we often are able to save the tooth without any surgical intervention."

In more advanced cases, however, dental surgery may be needed to save the teeth. Some of the modern surgical procedures include grafting healthy gum tissue to replace diseased tissue, replacing lost bone support with natural bone or synthetic bone substitutes and some periodontal plastic and reconstructive surgical procedures, in which the diseased parts of the apparatus supporting the tooth are replaced and restored.

"And frequently, we will use antibiotics or certain prescription or over-the-counter anti-microbial solutions either alone if the case isn't too involved, or in combination with other treatments to control the disease," Dr. Hardin said.

All the treatments are aimed toward minimizing the damage caused by the disease and allowing the patient to keep his teeth. With the advent of water fluoridation in the 1940s, many people keep their teeth longer, and gum disease has become a more prevalent problem.

"Many people reach young adulthood today with no cavities because of community fluoridation and fluoride toothpastes, and they may not understand the need to seek professional care for the other major oral disease—periodontal disease," Dr. Hardin said.

"We see young adults with severe gum disease who are absolutely unaware that they have any problem. They tell us, 'But doctor, I've never had a cavity in my life; my teeth are healthy!' Their teeth are healthy, but their gums are in terrible shape, and without immediate treatment they are in danger of losing their teeth."

"Most healthy people, if they are just aware of it, can keep their gums healthy with just a manual toothbrush and dental floss," Dr. Hardin said. "You don't need expensive and extraordinary methods to keep dental health from deteriorating into gingivitis and more serious gum disease. Gum disease can be prevented by simple proper brushing and flossing and periodic professional check-ups. Any bleeding, even though it is painless, is a warning sign and should be checked immediately by a dentist, before it progresses to something more serious. It is *not* normal." ■

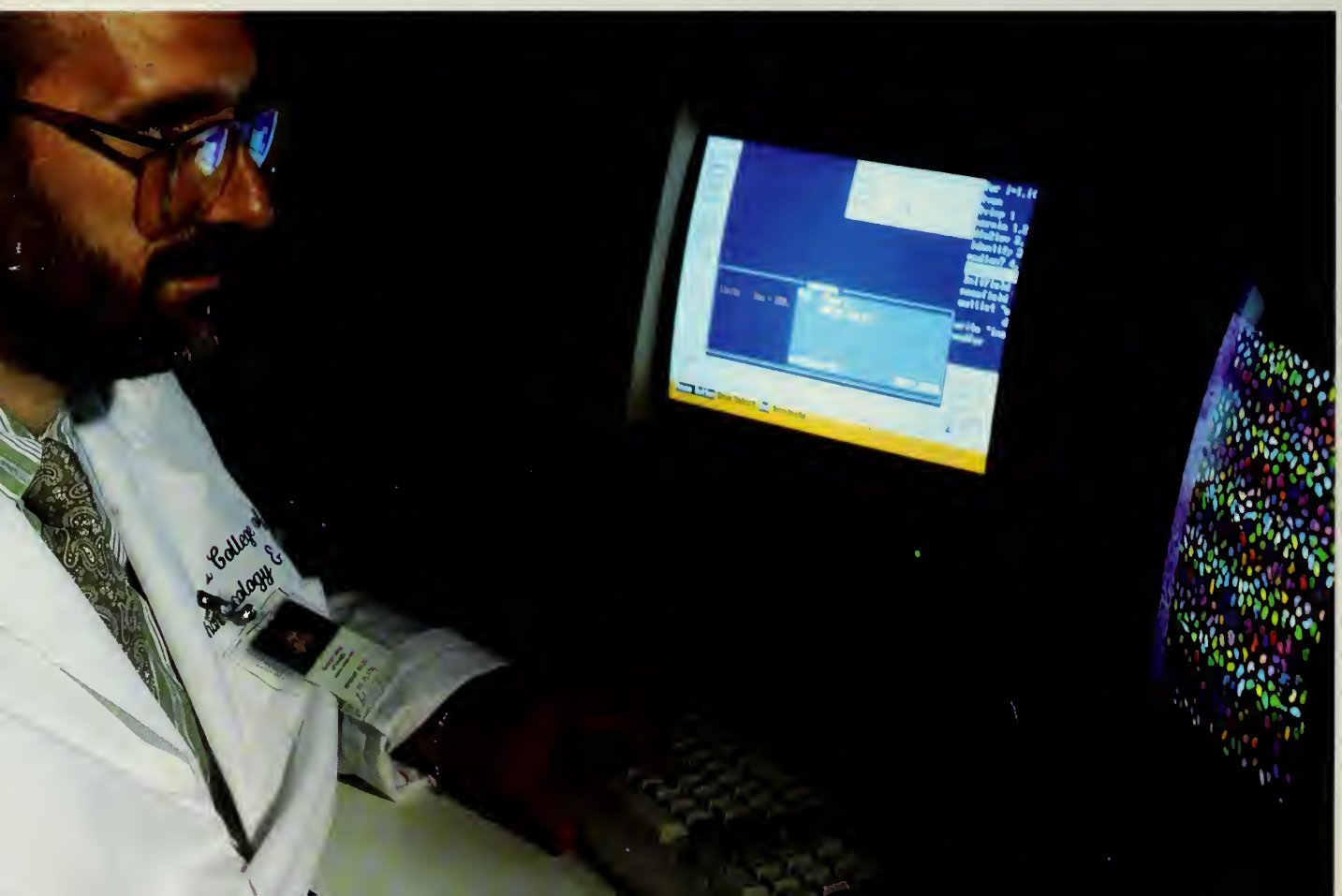
—INGRID HEGGOY

Dissecting a Dreaded Disease

molecular biologist at the Medical College of Georgia is studying one of the body's "housekeeping" genes to see if something may go haywire in the control mechanism of that gene resulting in Alzheimer's disease.

"Everyone has this gene. In patients

Dr. Antonio Milici



Dr. Peter J. Hornsby

with Alzheimer's disease, this gene has been somehow altered so the final product of the gene, the B-Amyloid protein, is somehow different," said Dr. Antonio Milici, whose work is funded by the Alzheimer's Association.

Scientists know relatively little about the gene; they have been able to clone it for less than five years.

But they do know that when they study on autopsy the diseased brains of Alzheimer's patients, they find plaque in the flat, atrophied brains.

"The formation of plaque is the hallmark of Alzheimer's disease," Dr. Milici said. And one of the major components of the plaque is the protein produced by the B-Amyloid gene.

Alzheimer's is a disease in which brain tissue dies; patients die from its complications as they lose control of their bodily functions, lose their intellectual function and move into a vegetative state.

"We don't know if this gene is the only culprit in this disease. But more and more evidence is pointing toward primary involvement of this gene." That gene may initiate pathological changes—changes in the brain that make it flat, atrophied and filled with plaque—that appear in Alzheimer's.

Dr. Milici is focusing on the promoter region of the B-Amyloid gene, where all its regulatory functions are clustered. B-Amyloid is called a housekeeping gene because it's responsible for producing products, like the B-Amyloid protein, and seeing that they get where they belong.

The promoter region is a logical focus because it is the control mechanism of the gene, and the excessive plaque found in Alzheimer's seems to result from an overproduction of B-Amyloid protein.

This protein has a place inside brain cells and seems to have a role in the normal structure of these cells, but Alzheimer's patients have too much of the protein.

The scientist is in the early stages of the study in which he is comparing normal brain tissue taken on autopsy and the diseased brains of patients who have Alzheimer's. In fact, there is presently no way to absolutely diagnose Alzheimer's until autopsy, when the brain can be examined.

Dr. Milici is looking for differences in the B-Amyloid gene of people with the disease and those who are disease-free to see if there is a consistent difference.

"If we can find some sort of alteration of this gene, we can feel confident that the gene is the Alzheimer's gene," Dr. Milici said.

The next logical step will be to see what causes those changes—things like

viruses, toxins or other environmental and genetic factors.

"One of the major goals is to find out when the disease starts," he said. Alzheimer's is a disease associated with age, but it may have its beginnings early in life, Dr. Milici said. "The ultimate goal, of course, is to cure the disease." ■

—TONI BAKER

Age-old Question

A Medical College of Georgia researcher is testing a theory that the aging process is linked to the amazing ability of cells to realize and pursue their destiny.

Dr. Peter J. Hornsby, associate professor of biochemistry and molecular biology, suspects that one cause of aging is that cells, at some point during the life span, retreat from that pursuit or lose their way and veer off course. The foundation of the theory is a concept called the stability of the differentiated state. When an embryo is first created, all its cells are identical. But soon after, these cells begin to assume a function. One becomes a liver cell, another a heart cell, etc.

"Why do cells know what kind of cell they're supposed to be? This is a very old problem of embryology," Dr. Hornsby said.

And what if those cells "forget" their function or begin malfunctioning? Dr. Hornsby, whose research is funded by a National Institute on Aging grant recently renewed through 1997, suspects that this does indeed happen and that an aging process results.

"The theory is that one cause of aging is the breakdown of the normal processes that maintain this (cell differentiation) stability. No scientist today really thinks there is any one cause of aging. It's due to many different processes going on at the same time. But this might be one. This doesn't mean that as you age, a liver cell might become a brain cell. What it does mean is a liver cell might stop functioning at the normal precision it once had.

"The problem is that in humans, we have no direct evidence yet that this occurs at all. There is some evidence that it occurs in animals."

In an effort to provide that evidence, Dr. Hornsby has been studying cells throughout their life span since his research was first funded in 1978. He uses human adrenal cortex cells, derived from tissue obtained during kidney transplants. He studies the cells using a process called the polymerase chain reaction, a technique that enables the detection of minute amounts of specific DNA or RNA molecules. He currently has the cells of 20 patients, and is trying to expand his research by using cells from more age-varied patients. By studying cells of varying ages, he hopes to document the breakdown of the differentiation process.

He also suspects that the process occurs randomly. "I want to compare the cells to verify that each cell is doing a different wrong thing (when cell-differentiation breakdown occurs.) If they were all doing the same wrong thing, this would indicate that the process was being controlled. I think it's random."

He hopes his studies will lead to a better understanding of both aging and disease. "I think a better understanding of the basic physiology will lead to a better understanding of disease, especially strongly age-related diseases such as Alzheimer's. But I can't predict what will happen. You can't be goal-directed; too little is known about the aging process."

He also stressed that, regardless of the results of his research, they will not hold the key to reversing the aging process. "The study of aging doesn't mean the goal is to prevent or reverse aging," Dr. Hornsby said. "The goal is to better understand the process. The aging process is one of the last unsolved problems of biology. Someone has to take on the challenge, even though it is very difficult and you don't know where it's taking you." ■

—CHRISTINE HURLEY DERISO

MCG researchers were the recipients of more than $16 million in extramural support in fiscal 1990-91, a 27 percent increase in the past four years.

Ready, Aim, Fire

Cancer researchers have put together a deadly package that's delivered straight to the malignant cells of chronic lymphocytic leukemia.

Drs. Guy B. Faguet and Julia Agee have identified a marker, a protein expressed almost exclusively by the malignant cells of the most common leukemia in the Western world.

Using that marker, they have manufactured a monoclonal antibody which works like a natural part of the body's immune system, recognizing something that does not belong and fighting it.

To make that monoclonal antibody an effective fighter, they added ricin, a toxin extracted from the ricinus communis plant—the castor oil plant.

The idea is that the marker makes it possible to diagnose CLL in its infancy and makes probable a safe, effective treatment to eliminate the disease early on.

The marker already has been used to diagnose CLL in 130 patients, 25 of whom could not have been diagnosed by routine means. A patient's blood is drawn and the monoclonal antibody added. If there are even a few malignant cells, the monoclonal antibody finds the marker on them.

"The ultimate goal is to eradicate the disease," said Dr. Faguet, professor of medicine and associate professor of biochemistry and molecular biology at the Medical College of Georgia. The researcher also is chief of the Section of Hematology/Oncology at the Department of Veterans Affairs Medical Center in Augusta. Dr. Agee is assistant professor

Dr. Guy B. Faguet in the lab with post-doctoral student Xi-Liang Wang.

of medicine at MCG and a microbiologist at the VA.

CLL is a disease that today puts patients and doctors in a catch-22.

"We don't really know where it starts. By the time it is diagnosed, it already has invaded the bone marrow and blood," Dr. Faguet said.

And it's typically a serendipitous finding; someone goes in for a regular checkup, blood is drawn for routine study and increased numbers of lymphocytes are found.

Men are twice as likely to get it and they typically get CLL in their 50s or 60s. Usually there are no symptoms of this disease until very late, possibly after the patient has had the disease as long as 10 years. In theory a patient could have the disease 10 years and never know it, while inside his body the multiplication of abnormal lymphocytes means, eventually, the body cannot effectively fight disease. CLL kills indirectly by making patients more susceptible to bacterial infections such as pneumonia.

And, Dr. Faguet says frankly, treatment is not effective. In the early stages, the treatment's side effects are too severe, so doctors follow these patients for years, looking for that point at which the risks of chemotherapy become worth it. But by the time the patient starts having symptoms of the disease—recurrent infections, anemia, low platelet counts, large lymph nodes and spleen—the treatment is not powerful enough to do much good.

A new drug, called fludarabine, which is still not commercially available, works better than currently available chemotherapeutic agents, Dr. Faguet said.

But the real answer just might be in diagnosing the disease very early and in treating it with biotherapy, sometimes called immunotherapy, which uses the body's own natural defense system and strengthens its ability to fight a particular cancer.

It's a system that sounds good and is good, Dr. Faguet says.

The catch is in finding the marker that makes it possible to access the system.

Drs. Faguet and Agee say they were fortunate to be able to identify the CLL marker; they first published articles about finding the marker in 1986.

Researchers all over the country are looking for markers for all kinds of cancers. "Ours is the closest anyone has come to a tumor-specific marker," he said. That means the marker is nearly exclusive for identifying the malignant cells of CLL.

This marker is a sort of steering mechanism for the manufactured monoclonal antibody, so the antibody heads straight for these malignant cells, wherever they are in the body. By adding the toxin ricin, the monoclonal antibody binds to the malignant cell then kills it.

The researchers have a CLL mouse model and are looking at four different versions of the immunotoxin developed in their laboratory to see which is the most effective in fighting CLL.

Researchers currently are pursuing funding to begin clinical trials on the immunotoxin; trials probably are a year away.

"If this system works well in the clinical trials, we could open up a new era in the treatment of chronic lymphocytic leukemia," Dr. Faguet said. "In addition other investigators could learn from this system and apply it to other malignancies. But the first thing to do is find the marker for each malignancy." ■

—TONI BAKER

Full Circle

One family in Augusta learned how to appreciate happy endings 26 years ago and still lives by the philosophy that got them through one of the greatest tragedies a family can face.

In June of 1965, Mr. and Mrs. Herbert Terry Sr. were anticipating the birth of their first child. They had been married for a year and were anxious to start a family that could share the love that was so plentiful in their marriage.

"I had been in and out of the hospital threatening to miscarry," Mrs. Terry said. "I spent most of my time in bed."

The anticipated arrival of the newest member of the Terry family was still a couple of months away, but plans were being made so the baby would have everything needed to grow and thrive. It seemed like everything was on track until the unthinkable happened.

Mrs. Terry began labor two months early. In a matter of a few days, the joyful occasion that had been anticipated turned into a family's worst nightmare.

"The doctors tried everything to stop the labor, but the baby was determined that this was going to be the time," Mrs. Terry said.

On June 25, Mrs. Terry gave birth to a 2-pound baby girl at the Eugene Talmadge Memorial Hospital (now the Medical College of Georgia Hospital). The baby was named Valerie Denise Terry.

"They let my husband come into the labor room even though that wasn't normally done at the time," Mrs. Terry said. "They knew that it was going to be a very tough delivery and they wanted him with me for as long as possible."

The Terrys were told that the baby's chances of survival would increase as time went on, but that even if Valerie did survive, she would be "slow."

"It was unusual for a baby that small to survive 25 years ago," said Dr. William Kanto, chief of the Section of Neonatology at MCG. "I would say that (the chance of survival) was probably less than 10 percent."

For the next five months, Valerie underwent the most intensive medical treatment available at that time at Talmadge. As is the case with many premature babies, respiratory problems were the biggest concern for doctors.

Methods of treating these respiratory problems were not nearly as advanced 26 years ago.

"I know there is a reason that God wanted Valerie to pull through this," Mrs Terry said. "It is nothing short of a miracle that she made it."

Finally, just before Christmas, Valerie was allowed to make her first trip home.

"We knew that she still had some problems and that she would require some extra care, but we were glad to have her home," Mrs. Terry said.

After more than a year of almost constant medical treatment, Valerie had recovered from her early birth and respiratory problems. Today, she suffers no ill effects from the ordeal.

"For as long as I remember, I wanted to be a doctor," Valerie says today. "But things didn't quite work out that way."

When Valerie was in high school, she signed up to take a tour of the Medical College of Georgia. That was the first time she was exposed to the field of respiratory therapy.

"I immediately thought it was fascinating and wanted to learn more about it. That is how I wound up in the field," she said.

After two years at Augusta College, Valerie transferred to the MCG School of Allied Health Sciences for two years of respiratory therapy training. She graduated in 1987.

"I loved working with children and wanted to be a part of the ECMO (extracorporal membrane oxygenation) team at MCG, but there wasn't an opening at the time," Valerie said.

In June of 1987, exactly 22 years after her miracle birth, Valerie accepted her first position as a respiratory therapist at University Hospital. Four months later a position opened up on the ECMO transport team at MCG and her dream became a reality.

"There have been some scary moments in this job," Valerie said. "I remember one time a little boy coded in the plane. There was just me and a nurse supervising him, and we had to run a code."

Today, Valerie is pediatric coordinator of respiratory care at MCG and she loves it.

"I feel like I have come full circle. I started out as one of the smallest patients requiring care from these people I didn't know and now I am one of the ones giving care to these little people I don't know," she said.

Because of her history, Valerie has a special understanding of what patients and their families are going though. She sometimes shares her story with the parents of a very sick infant.

"It gives them hope. After all, offering hope and medical treatment is what we are all about at MCG," Valerie said.

Valerie isn't sure what the future holds for her except that she has no plans to leave the field or the job that she loves.

"I feel like I am doing what God wants me to do and I will continue to do it with love as long he wants me here," Valerie said.

—DAVID WALLER

AlumNews

Dr. Sullivan Urges Graduates to Forge New World of Health Care

Christine Hurley Deriso

Newcomers to health-care professions have a unique opportunity to forge a whole new approach to health and to help remedy some of society's ills at the same time, according to Dr. Louis W. Sullivan.

Dr. Sullivan, secretary of the U.S. Department of Health and Human Services, urged the Medical College of Georgia's 717 graduates of 1991 to become "renaissance health professionals," responding to the needs of a very different society than the ones their predecessors have known. Dr. Sullivan made his remarks as guest speaker at MCG's 1991 commencement ceremony June 8.

"Our care givers must not only be technically competent, and knowledgeable in the basic and clinical sciences, but also lifelong learners, excellent communicators, sensitive practitioners, good businessmen, role models and health-care visionaries," Dr. Sullivan said.

"A continual learning process is absolutely essential as biomedical research continues to revolutionize medicine during the next century. I am convinced that health professionals will deliver care in a much different world in the near future. Biomedical research is quickly—almost overnight—changing the medical landscape."

But although the future holds the promise of triumphant medical breakthroughs, today's graduates must address the issue that too few Americans have adequate access to the health-care system, he said.

"I am very disturbed that we have a wide, shocking disparity in health status among our citizens. While the rest of the population showed yearly improvements, the health status of black Americans has not improved since 1984. And in almost every category of mortality listed, minority deaths are greater than that of the white population."

Several societal ills, including high costs, disease and violence, contribute to the problems of today's health-care system, he said. "But nowhere is it etched in stone that these problems are inevitable or perpetual. There is much that we can do as health professionals to address these challenges."

Health providers, for instance, can be on the front line in helping people lead more fulfilling lives. "The health professional can be a teacher, role model and opinion leader to craft a true community of families and neighbors who are caring and look after each other," Dr. Sullivan said.

Today's graduates also must shift the emphasis of health care to prevention, he said. "Health promotion and disease prevention must become a national crusade—a top priority." ■

The School of Medicine class of 1941 celebrated its 50th reunion during homecoming 1991. Bottom row, from left: Drs. Herman Moore, Leonard Garten, Wilbur Sumner (now deceased), Joseph Berg. Top: Drs. John Paul Jones, Fred Coleman, Henry Meaders, Walter Martin, Weems Pennington, Joe Arrendale, W. F. McKennie.

Class Notes

Allied Health Sciences

Lynda A. (Garrett) Russell (medical record administration, '70), Redondo Beach, Calif., received a J.D. degree from the University of Florida May 11 and passed the California bar exam in February. She is practicing law with Dickson, Carlson and Campillo, a products liability defense firm in Santa Monica, Calif. She married Lawrence J. Russell Sept. 14, 1991.

Nancy E. (Beth) Williams (medical record administration, '78), Wirtz, Va., was recently named coding supervisor at Community Hospital of Roanoke Valley in Roanoke, Va. She is engaged to be married in 1992 and will "inherit" two children. Also, Ms. Williams is trying to locate a former classmate, Melinda Davis Nicholson. Please contact this office if you can help.

Dentistry

Alumnus ***Dr. Dante L. Tomaselli Jr.,*** Birmingham, Ala., married Claudia E. Rodriguez May 4 in Alpharetta, Ga. Dr. Tomaselli is a postgraduate pediatric dentistry resident at the University of Alabama at Birmingham.

Dr. Andy Allgood ('73) will continue to chair the GDA Council on Dental Health/Children's Dental Health for the 1991–92 term.

Dr. Douglas P. Clepper ('73) recently received the Academy of General Dentistry's Mastership Award. Dr. Clepper has a private practice in Augusta.

Dr. Larry W.A. Townsend ('75), Copperas Cove, Texas, is a fixed prosthodontist and is board certified at the U.S. Army Dental Activity at Fort Hood (Killeen), Texas. He was selected for promotion to colonel in January 1992 and will become a fixed-prosthodontic mentor for the two-year general-dentistry residency at Fort Hood.

Dr. Tommy W. Farr ('77) practices general dentistry in Thomaston, Ga. He and wife Sheryl have two children.

Dr. Leigh Hutchinson ('77), Charlotte, N.C., is president of the Charlotte Dental Society and has a first-degree black belt in Tae Kwondo. She and husband J. Earle Sullivan have three children.

Dr Warren B. Karp ('77), Augusta, is a professor of pediatrics, oral biology and oral diagnosis at MCG. His specialty is neonatal nutrition. He and wife Nancy have children Heather, 14, and Michael, 9.

continued on page 18

Class Notes...*cont. from page 17*

Dr. Vic Koehler ('77), Stone Mountain, Ga., is married to Beth. They have a daughter, Meredith, 10.

Dr. Stephen B. Turner ('77) practices general dentistry in Macon, Ga. He and wife Natalie have three children.

Dr. David T. Wofford ('77) practices general dentistry and is a lieutenant colonel in the U.S. Air Force Dental Corps in Biloxi, Miss. He is a fellow of the Academy of General Dentistry, a diplomate of the Federal Services Board of General Dentistry and is board certified by the Certifying Board of General Dentistry. He is married to Diane J. Flint.

Dr. Mark E. Peacock ('82) is a senior resident and M.S. graduate student at MCG. He and wife Lynn have three children.

Dr. Richard K. Marlow ('87) is a resident/fellow at the Mayo Clinic in Rochester, Minn. He married Kristen Severson of Chatfield, Minn., May 4, 1991. He is a member of the American Dental Association, the American Society of Dentistry for Children, the American Association of Oral and Maxillofacial Surgeons, the American Dental Society of Anesthesiology and the International Anesthesia Research Society.

Dr. Nancy Jean D'Brien ('87) practices periodontics in Macon, Ga. She and husband Patrick have twin daughters Katie and Maggie, 1.

Dr. Ronald E. Dwens ('87) practices general dentistry in Harlem, Ga. He and wife Jo An have two children.

Dr. William Andrew Sandbach ('87) moved to Albany, Ga., in 1989 and purchased an existing dental practice. He and wife Leah have two daughters.

Dr. Erin Harkins ('89) and Dr. Scott Silliman ('90) were married Aug. 3.

Dr. Ken Hudson ('90) and Kate McGaughey (dental hygiene, '91) were married July 27.

Dr. Felix Maher ('91) has been named chairman of the GDA Young Dentist/Beginning Practice Committee.

Graduate Studies

Brooks A. Keel, Ph.D., associate dean for research at the University of Kansas School of Medicine-Wichita, has been appointed to a three-year term on the American Board of Bioanalysis. He will help create certification guidelines for clinical laboratory directors concerned with in vitro fertilization and specialized techniques involving embryology and andrology. The ABB is a national certifying agency recognized by Medicare regulations and the Clinical Laboratory Improvement Act. It identifies and evaluates the competency of those who wish to enter, continue or advance in the field of clinical laboratory supervision. Dr. Keel also is scientific director of the Women's Research Institute and director of reproductive medicine laboratories. He is an adjunct professor of clinical sciences at Wichita State University and is certified by the American Board of Bioanalysis. He is a member of the Society for the Study of Reproduction, the American Fertility Society and the Endocrine Society.

Mary Everett Brasler (MSN, '76) recently earned an Ed.D. in adult and continuing education from Virginia Tech and will work as an assistant professor of nursing at Marymount University in Arlington, Va.

Medicine

Dr. Jackson L. Allgood Jr., Ponte Vedra Beach, Fla., is a retired obstetrician/gynecologist. He and wife Bobbie have three children and five grandchildren.

Dr. James Howard Barton has just retired from his general practice in Social Circle, Ga. He will do emergency-room work for a few years. He and wife Judith have children Gregory, 34; Steven, 29; and Leslie, 23; and granddaughter Heather, 1.

Dr. John P. Gearhart, who served a surgical internship and residency and a urology residency at MCG from 1975 to 1980, has been named director of the division of pediatric urology at the Johns Hopkins School of Medicine.

Dr. Errol Graham graduated from the Internal Medicine Residency Program at the Medical Center of Central Georgia in Macon on June 20. The program, organized in 1928, provides in-depth training to newly graduated physicians. Dr. Graham will practice in Warner Robins, Ga.

Dr. H. Stacy Nicholson, Silver Spring, Md., is assistant professor of pediatrics at the George Washington University School of Medicine. His second child, Caroline Blair, was born Jan. 30, 1991.

Dr. Peter D. Rumm, an alumnus of the Medical College of Georgia School of Medicine, recently was elected to fellowship in the American Academy of Pediatrics. To qualify as a fellow, a pediatrician must be certified as a fully qualified specialist in the field of child health. The American Academy of Pediatrics is an organization of 40,000 pediatricians dedicated to the health, safety and well-being of infants, children, adolescents and young adults. Dr. Rumm practices pediatrics in Jacksonville, Ala.

Dr. William Silver, a facial plastic surgeon in Atlanta and southern region vice president of the American Academy of Facial Plastics and Reconstructive Surgery, has been accepted as a certificant of the American Board of Facial Plastic and Reconstructive Surgery.

Dr. William S. Boyd ('42), Augusta, is an associate clinical professor of OB/GYN at MCG. He received an honorary D.Sc. degree from Newberry College and published "Rewards of Creativity." The original and print of one of his paintings has been selected as a part of the permanent collection by the Smithsonian-National Museum of American History. The Augusta Symphony-William S. Boyd Piano Competition has become international in scope. He is writing an essay on "The Joys of Medicine" and is married to Elizabeth.

Drs. Philip J. and Martiele Turner Chastain (both '42) are pediatricians in Miami and enjoy boating, fishing, golfing, attending all functions of University Baptist Church and the Fellowship of Christian Athletes. Their son, Gary, is 24.

Dr. Coleman Mopper ('42), is professor of dermatology at Wayne State University School of Medicine in Detroit. For the past 25 years, he has been an active student of art history. He has been on the European Arts Commission and the Acquisitions Committee of the Detroit Institute of Arts for the past 20 years and is an avid collector of 19th-century French sculpture. He still plays golf and tennis and is an avid traveler.

Dr. James Edwin Rountree ('42), Aiken, S.C., retired from general surgery in 1976. He and his wife have a daughter, Ann, and three grandchildren.

Dr. Elizabeth Korst-DeWitt ('47) retired two years ago from a general practice in Cleveland Heights, Ohio. She did physical exams and histories for several years at the Plasma Alliance and for female U.S. government recruits. She also worked at Red Cross blood collection stations around Cleveland. She is a member of the Cleveland Academy of Medicine, the Women's Medical Society of Cleveland and the American Medical Women's Association, branch 15. She has three children and two grandchildren.

Dr. Woodrow Goss ('47), Ashburn, Ga., is retired from his family practice and surgery practice since coronary bypass surgery in 1987. He and wife Victoria have four children and two grandchildren.

Dr. Daniel W. Ferguson ('52), a psychiatrist in St. Paul, Minn., says "I am taking a year or so out of the health care system within which the practice of medicine has been shrinking, in my part of the country, toward a mere technology. Should I be able to devise a way to return to a practice free of the spurious 'standards' of third-party payoffs, I shall do so. My interest is in what I am calling 'contemplative psychiatry,' based more on the process of living than upon the psycho-physical status of my patients. This approach centers on the dynamics of consciousness. Chemico-physical manipulations are more peripheral. I miss seeing my old buddies from the classes of '51 and '52. Should any of the venture this far north, Lola and I would love to visit with them at our home."

Dr. William Eugene Harden ('52), Brunswick, Ga., is a retired radiologist. His first wife, Doris, died in December 1979. He remarried to Mary in November 1984. His children are Anne Murphy, Marie Westmoreland and Marian Ruedlinger. His grandchildren are Alison Murphy, 19; Leigh Murphy, 13; Michael Murphy, 11; Mary and Logan Westmoreland, 6; and Carl Westmoreland III, 5.

Dr. Gordon W. Jackson ('52), Macon, has been retired from obstetrics/gynecology for three years except for working in Native American hospitals. He will work four months next year at the Native Hospital in Sitka, Alaska. He and his wife, Ginny, recently celebrated their 40th anniversary. Their children are Merrill Jackson Carter, 37; Ben, 32; and Virginia (Ginger) Jackson Leftwick, 30. Their grandchildren are Avril Carter, 10; and Austin Carter, 7.

Dr. Cecil F Jacobs ('52) practices family practice and emergency medicine in Portal, Ga. He and wife Edith have children Nancy Ellen, Charles Sherod and Joanna Dean, and grandchildren Juliet, 6, and Stewart, 2.

Dr. James A. Kemp ('52), Gallipolis, Ohio, is retired from the field of hematology. He and his wife, Emily, have four children: Alan, Judy, Brian and Mae.

Dr. Charles Dean Ray ('56), associate director of the Institute for Low Back Care in Minneapolis, has been named president of the North American Spine Society.

Dr. Thomas F. Lowry ('57), Bainbridge, Ga., is an emergency-room director. He and his wife, Maryanna, have children Catherine, 33; Tom Jr., 32; Michael, 30; Salley, 29; Patricia, 27; Rosemary, 26; Angela, 25; and Teresa, 23. Their grandchildren are Shane, 14; Adam, 7; Tiffany, 6; Nicholas, 5; Seath, 4; Roseanna, 2; Rana, 2; Angela 1; and Nicole, 5 months.

Dr. Harold Paul McDonald Jr. ('57) practices urology in Marietta, Ga. His first wife, Sue, died in 1974 and he is remarried to Patricia. His children are Callie, Harold, David and Steven, and his grandson is William McDonald Breden.

Dr. James Edward Pruett ('57) practices otolaryngology in Atlanta. He and wife Carol have children Pamela, 29, and Kimberly, 27.

Dr. James D. McRae ('62) practices anesthesiology in Montgomery, Ala. He and wife Ann have children Leanne, 27; Jay, 25; Julie, 23; Tiffany, 14; Tina, 12; and Jayme, 10.

Dr. Phillip Roberts ('62), Poulan, Ga., specializes in oncology. He and his wife, Priscilla, have children Larry, 33; Paul, 31; and David, 29. Their grandchildren are Walter, 4; Kevin, 2; David, 3; and Lee, 4.

Dr. Fredric M. Simowitz ('62), St. Louis, Mo., has a private neurology practice in St. Louis and St Charles, Mo. His hobbies are amateur radio and antique radio collecting. He and wife Beverly have children Lynn, 25, and Mark, 23.

Dr. Walter Edwin Johnson IV ('67) practices anesthesia in Augusta.

Dr. Toby S. Morgan ('67) specializes in ENT in Rome, Ga. He and wife Neal have children Elizabeth, Catherine and Scott.

Dr. Don T Smith ('67), Tifton, Ga., has two children: Kim, 28, and Don, 27.

Dr. Charles L. Rice ('68), Bellevue, Wash., is professor and vice chairman of the University of Washington School of Medicine Department of Surgery. He is surgeon-in-chief at Harborview Medical Center in Seattle. Dr. Rice has been elected a member of the American Surgical Association and awarded a Robert Wood Johnson Health Policy Fellowship. He will spend a sabbatical year in Washington, D.C. on the staff of a member of the U.S. Senate.

Dr. Judy Inez Drosz ('71), Martinez, Ga. has bee appointed as a career missionary to Gabe, Nigeria by the Society for International Ministries. Since leaving the pediatric faculty of MCG in 1986, Judy served four months in Liberia and a one-year special assignment before attending Southern Baptist Theological Seminary in Louisville, Ky. She plans to be on the field Jan. 1992.

Dr. Charles Dasher ('72), Birmingham, Ala., specializes in gastroenterology. He and his wife, Susan, have children Laura, 16; Suzanne, 14; and Charles Jr, 12.

Dr Joseph Laird Griffin ('72), Lenoir, N.C., specializes in obstetrics/gynecology. He and his wife, Carol, have children Kate, 17, and Jay, 14.

Dr. Byron Thomason Kennerly ('72) practices anesthesiology in Greenville, S.C. He and wife Anne have children Kasel, 14; Karis, 13; and Christian, 11.

Dr. Steve C. Moreland ('72) practices obstetrics with new associates in Atlanta. He spends increasing time at Lake Burton in Clayton, Ga., relaxing with wife Louise and children Sarah, 10, and Laura, 15.

Dr. John Lewis Taylor Jr. ('72) practices gynecology in Tallahassee, Fla. His son, Matthew, is 21.

Dr. Allan Goodrich ('77), Martinez, is an orthopedic surgeon and completed an AD fellowship in Basel, Switzerland April through June 1990 with Dr. Walter Dick at the Felix-Platter Hospital. He just completed a yearlong subspecialty fellowship in spine surgery at Emory University with Dr. Thomas E. Whiteside Jr. He returned as assistant professor in orthopedic surgery at MCG in August 1991.

Dr. Alan J. Olansky ('77) practices dermatology in Atlanta. He and wife Diane have children Anna, 8, and Adam, 5.

Dr. Joe A. Hill ('81), Boston, is associate professor in the Brigham and Women's Hospital Department of Obstetrics/ Gynecology and Reproductive Biology.

Dr. Robert R. Brinson ('82) practices gastroenterology in Montgomery, Ala. He is a consultant for Roussel Yelaf Nutrition in Paris and authored a chapter on "Diarrhea" for an emergency-medicine textbook. He also has published several original manuscripts dealing with the effects of nutrition on the GI tract. He and wife Pamela have children Christopher, 7, and twins Daniel and Philip, 4.

Dr. J. Dale Browne ('82), Winston-Salem, N.C., is assistant professor in the Department of Otolaryngology at Bowman Gray School of Medicine at Wake Forest University. He completed a fellowship in neurotology/skull base surgery at the University of Zurich in Switzerland. He and his wife, Linda Hester Browne, have two daughters: Virginia, 4, and Meredith, 8 months.

Dr. Mark J. Eanes ('82) practices ophthalmology in Valdosta, Ga. He is president of the South Georgia Medical Society and a member of the Medical Association of Georgia board of directors. He also is chairman of the Georgia Society of Dphthalmology legislative committee. He and wife Anne have children Elizabeth, 11; Sharon, 7; Amanda, 4; and Mark Joseph, 2.

Dr. Ken Goolsby Jr. ('82) practices psychiatry in Gainesville, Ga. He and wife Sherri have children Kenny, 7, and Andrew, 4.

Dr. James F. Green Jr. ('82) practices plastic/reconstructive surgery in Santa Fe, N.M. He and wife Michele have children Franklin, 8, and Lauren, 6.

Dr. Tony D. Haley ('82) is director of surgical education at the Johnson City Medical Center in Johnson City, Tenn., and was recently named a fellow of the American College of Surgeons. He also is chairman of the medical center's Department of Surgery and is a clinical associate professor at the James H. Quillen College of Medicine. He and wife Elise have children Christopher, 4, and Ben, 3.

Dr. E. Wynn Kallay II ('82), Macon, is chief of pediatrics at the HCA Coliseum Hospital. He and his wife, Patti, have two children: Anne Kate, 4, and Willis, 18 months.

Dr. Sherry DeLoach Maloney ('82), practices pediatrics in Gainesville, Ga. She and her husband, Mike, have children Jacob, 3, and Luke, 1.

Dr. Rafael P. Pascual ('82), specializes in anesthesia in Mobile, Ala. He and his wife, Angela, have children Danielle Alexandra, 3, and Jillian Chase, 20 months, and are expecting their third child in December.

Dr. Samuel Mark Puckett ('82) has a solo pediatrics practice in the beautiful Smoky Mountains (Newport, Tenn.) and is looking for partner. He and wife Janie have three children.

Dr. Su Butler-Sumner ('82) is a general practitioner/family practitioner in Cave Spring, Va. She and husband Randolph have children Susan Allison, 16; Aaron, 7; Mimi, 6; and Matthew, 5.

Dr. David Edward Tamas ('82) practices radiology in Little Rock, Ark. He and wife Katherine have children Laura-Katherine, 8, John, 6 and James, 2.

Dr. Murrah L. Watson Jr. ('82), Cohutta, Ga., practices emergency medicine in Dalton, Ga. He and wife Tammy have children DeAnna, 6, and Jackson, 3.

Dr. Evan H. Dillon ('83), New Haven, Conn., is a diagnostic radiologist and will take a leave of absence from Yale University to spend 1991-92 as a visiting professor at the University of Utrecht in the Netherlands.

Dr. Cheryl L. Hecht ('83), Atlanta, has moved back to Atlanta after being on faculty at the University of Alabama at Birmingham for four years. She has opened a gynecology practice at Kennestone Hospital at Windy Hill with facilities to care for adult, adolescent and pediatric gynecology, infertility and contraception including Norplant. She and her husband, Leonard Thurschwell, an optometrist, have two children: Michelle, 2 and a half, and Allison, 7 weeks.

Dr. Gary S. Stewart ('83), Lynchburg, Va., recently moved into a new full-service, 17,000-square-foot pediatric facility with five pediatric partners offering pediatric X-ray, oncology, neonatology, allergy, public health services and general pediatric services He earned a master's degree in health services administration from Johns Hopkins University and was named chairman of the Virginia Baptist Hospital Department of Pediatrics in 1990. He and his wife, Kathy, have two children: Kate, 8, and Sterling, 4.

Dr. Elizabeth Thomas Delesante ('84), Greenville, N.C., is a fourth-year psychiatry resident at East Carolina University. She will complete the program in February 1992 and plans to work for the Human Services Center (a state hospital) in Brainerd, Minn. She and her husband, Frank, had a son, Daniel Andrew, on Jan. 18, 1990.

Dr. E. Howard Dixon ('85) completed a pediatric emergency-medicine fellowship at the University of Florida in Jacksonville in August. He is an assistant professor in the Department of Pediatrics' critical-care division at Louisiana State University Medical Center in Shreveport.

Dr. Frank A. Honkanen ('86), Huntsville, Ala., has finished a residency at Duke Medical Center and began a private practice in pathology in Huntsville in July. His son, Matthew Frank, was born March 24, 1991.

AlumNews

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David Waller
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Photography Phil Jones

Dr. Claude T. Su ('86), Birmingham, Ala., is a chief fellow in cardiology at the University of Alabama at Birmingham Medical Center. He performed an internal-residency program from 1986 to 1989 and is board certified in internal medicine. He and his wife, Susan Ayer Su (a graduate of the MCG School of Nursing), have two daughters: Catherine, 6 months old, and Laura, 2 years old.

Dr. Mark A. Williams ('86), Memphis, Tenn., completed a urology residency at the University of Tennessee in Memphis in June 1991. He began a two-year fellowship in pediatric urology in July 1991 at the LeBonheur Children's Medical Center at the University of Tennessee in Memphis.

Dr. Dana McBrayer Conner ('87) is a family practitioner in Rome, Ga. She and husband Robert have a 5-month-old daughter, Abby Danielle.

Dr. Yuki A. Hammers ('87), practices pathology at the Emory University Department of Pathology and Laboratory Medicine in Atlanta.

Dr. Jim Heaton ('87) is a family practitioner in Blairsville, Ga. He and wife Jan have children Jason, 6, and Jackson, 2.

Dr. William Jeffrey McDaniel ('87) is a family practitioner in Dalton, Ga. He and wife Norma have a daughter, Diana, 3.

Dr. Stuart W. Murray ('87) has joined the Anesthesia Associates in Savannah, Ga. He is married to Cheri.

Dr. Cindy Elizabeth Smith ('87) is a general practitioner in Decatur, Ga.

Nursing

Carol Westbrooks ('82), Marietta, Ga., has been working in labor and delivery for three years and has been doing home health practice with high-risk infants (i.e., growing preemies) with special emphasis on feeding problems of babies under age 1. She also is consulting to help a local home health agency establish a labor and delivery early-discharge program. ■

Deadline for submitting information for publication in the spring issue of Alumnews is November 22, 1991

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

Today's date _____

Name _____

Phone _____

School graduated from _____

Degree _____ Class year _____

Street address _____

City _____ State _____ Zip _____

❑ Check if new address

Present specialty and place of practice or training _____

Professional news _____

Personal news (b&w photos welcome) _____

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Allied Health Faculty Honored

Five faculty members from the School of Allied Health Sciences at the Medical College of Georgia were honored in May for their outstanding work.

Dr. William Stenstrom, now retired chairman of the Department of Medical Illustration, and Sharon Kutt, assistant professor in the Department of Medical Technology, were presented the Distinguished Service Award for outstanding service during the 1990–91 school year.

Marynell Crawford, director of Medical Records at University Hospital and clinical instructor in the Department of Health Information Management, was named Outstanding Clinical Faculty.

The 1991 Research Award was shared by two members of the Department of Respiratory Therapy: Shelley Mishoe, chairwoman of the department, and Art Taft, assistant professor.

The awards were presented at the school's monthly faculty senate meeting May 30 by Dr. Biagio Vericella, dean of the School of Allied Health Sciences and Anne Marie Vann, assistant professor in the Department of Radiation Therapy and chairwoman of the Faculty Awards Committee. ■

From the Dean

Dr. Biagio J. Vericella

This year's commencement was one of the largest in the past decade and drew a near-capacity crowd in the Civic Center. Do you remember yours? It is one of the most important days in the lives of alumni and rates high with all other days of importance.

You will be pleased to know that your school had 269 graduates in the class of 1991. They represent 39 percent of the MCG graduates this year, the largest cohort among the five schools. Fourteen earned master's degrees, 186 the baccalaureate in nine professions, six professional certificates and 63 associate degrees. Those honored in the cum laude categories totaled 75. Twenty-three graduates were selected for listing in *Who's Who Among Students in American Universities and Colleges*. Thirteen were elected to the MCG chapter of Alpha Eta, the national allied health honorary society.

As an MCG graduate, active in your allied health profession, you are a model for young people. Not long ago, you too were considering the future and chose your profession. Would it have helped you if you could have talked with a real-live allied health professional? Perhaps you did and that made all the difference in forming your decision. Your place of work is a very special place in your community and, as a worker there, you are a special person.

Dean Biagio Vericella honors graduate Tracy Miller during allied health honors day.

School of Allied Health Sciences Alumni Association Calendar of Events 1991–92

October 1991

1	Alumni Board of Directors meeting
7–9	Phonathon
TBA	Workshop at A.R. Johnson school

December 1991

3	Alumni Board of Directors meeting
TBA	Workshop at A.R. Johnson school

January 1992

TBA	Workshop at A.R. Johnson school

February 1992

4	Alumni Board of Directors meeting
TBA	Workshop at A.R. Johnson school

March 1992

23–26	Alumni direct-mail solicitation
TBA	Workshop at A.R. Johnson school

April 1992

7	Alumni Board of Directors meeting
30	Homecoming week
TBA	Workshop at A.R. Johnson school

May 1992

1–3	Homecoming week
1	Alumni luncheon/distinguished-alumni awards presented
TBA	Workshop at A.R. Johnson school

What you have to say... what you do daily... are very impressive to young women and men, and hence you can be our best recruiter.

Think about it! We can help by sending you and your proteges appropriate literature plus follow-ups. Simply call Liz Griffin (404) 721–2725, your graduating department or me (404) 721–2621. We look forward to hearing from you. ■

Allied Health Students Honored

David Waller

Allied health students were recognized for their academic excellence during the annual Medical College of Georgia School of Allied Health Sciences Honors Day June 8.

The Raymond C. Bard Scholarship Award and the MCG Faculty Wives Scholarship Award, which are based on scholastic achievement and financial need, went to junior student Susan Marie Hibbard and sophomore Susan Marie Roberson.

Senior Terri Whitfield Joyner received the Preventive Dentistry Award from the Department of Associated Dental Sciences.

The Department of Medical Technology presented three awards. The Dr. Walter L. Shepeard Achievement Award and the CSRA Society of Laboratory Personnel Scholarship were presented to senior Regina Litteken. Cynthia Cain, a senior, won the Dr. C. Robert Baisden Student Laboratory Management Award.

The Outstanding Physician Assistant Student Award went to senior Stephen Konkolics.

In the Department of Radiologic Technologies, senior Bina Patel was named Outstanding Student in Nuclear Medicine Technology and sophomore Tara Summers won the award for Outstanding Student in Radiography. The Outstanding Student in Diagnostic Medical Sonography Award went to Angela Kuykendall, a senior, and senior Ruth Bankhead was presented the Four Hundred Club Award.

The Department of Respiratory Therapy presented two awards. The Chairman's Award for Student Achievement was presented to senior Joseph Calvin Woods and the John A. Powell Scholarship Award went to junior Da'Henri Thurmond. ■

Ms. Winkley Named Chairwoman

David Waller

Gail P. Winkley has been appointed chairwoman of the Medical College of Georgia School of Allied Health Sciences' Department of Associated Dental Sciences.

Ms. Winkley was acting chairwoman from 1989 until she began serving as permanent chairwoman July 1. She succeeds Dr. Billy M. Pollard, who retired in 1989.

Ms. Winkley joined MCG in 1976 as an assistant professor of associated dental sciences. In 1979, she was promoted to associate professor of associated dental sciences.

In addition to her appointment in the School of Allied Health Sciences, Ms. Winkley was appointed associate professor in the School of Graduate studies in 1980, and in 1989, assistant professor in the Department of Periodontics in the School of Dentistry.

While serving as acting chairwoman, Ms. Winkley has helped start a satellite program in Rome, Ga., in cooperation with Floyd College, and an externship program for dental hygiene students.

"She has provided the leadership for maintaining a national prominence in the associated dental sciences program," said Dr. Biagio Vericella, dean of the School of Allied Health Sciences. "I really think that she has kept us on the cutting edge." ■

Allied Health Sciences Alumni Association Officers 1991–92

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3 Join Dental Faculty

Ingrid Heggoy

Three new faculty members have joined the Medical College of Georgia School of Dentistry. They are Drs. Jill Lewis and Geoffrey Tompkins, assistant professors of oral biology and microbiology, and Dr. Deirdre Sams, assistant professor of pediatric dentistry.

Dr. Lewis joined the School of Dentistry faculty after working as a research scientist in the school since 1989. She received a Ph.D. in biochemistry from the MCG School of Graduate Studies. She earned a bachelor of arts in biology from Illinois Wesleyan University in Bloomington, completed one year of graduate chemistry studies at Illinois State University, also in Bloomington, and earned an associate of arts degree in biology from Springfield College in Springfield, Ill. Dr. Lewis is working with Dr. Gretchen Caughman, professor of oral biology and microbiology, studying herpes virus gene regulation, which determines which genes are expressed.

Dr. Tompkins joined the School of Dentistry from the Department of Oral Science at the University of Minnesota School of Dentistry. He earned a Ph.D. in microbiology from the University of Otago in New Zealand. He also received a postgraduate diploma of science in microbiology, and bachelor's degrees in physiology and microbiology from the University of Otago. Dr. Tomkins is researching microbial ecology, the interrelationships between bacteria in the oral cavity, especially in relationship to disease development.

Dr. Sams joined the School of Dentistry in August after completing the postdoctoral program in pediatric dentistry and earning a master of science degree from the University of Alabama at Birmingham. She received a doctor of dental surgery degree from Howard University in Washington, D.C. and a bachelor's degree in biology from Spelman College in Atlanta. ■

Dr. Anderson Named Endodontics Chairman

Stacy Best

Dr. Ronald W. Anderson, director of postgraduate training in endodontics at the Medical College of Georgia since 1987, has been appointed chairman of the MCG School of Dentistry Department of Endodontics.

Dr. Anderson came to MCG in 1986 from Oral Roberts University, where he was the chairman of the Department of Reconstructive Dentistry.

He served as an officer in the U.S. Air Force Dental Corps from 1971 to 1978 and for three years was the chief of the Department of Endodontics at the U.S. Air Force Hospital, Chanute Air Force Base, Ill.

His current research involves testing different endodontic retrofillings, or sealants, to see which most greatly reduces the chance of bacterial leakage into the root canal and subsequent infection.

Dr. Anderson attended dental school at the University of Texas Dental Branch in Houston where he earned his doctor of dental science degree in 1971 and his master of science degree and certificate in endodontics in 1975.

He also attended San Antonio College in San Antonio, Texas, and Texas Lutheran College in Seguin, Texas. ■

Dental Seniors Honored

Ingrid Heggoy

The Medical College of Georgia School of Dentistry recognized its outstanding seniors during its annual senior awards ceremony June 5. Awards and recipients include:

Class President Award, Pierre Fauchard; Academy and Teledyne Hanau Prosthodontics awards, Dallas Margeson; Academic Oral Implantology Award, Judson Connell; Academy of General Dentistry and American Academy of Periodontology awards, Mark Cacares.

Alpha Omega, American Academy of Dental Practice Administration, American Academy of Oral and Maxillofacial Radiology, American Association of Orthodontists, American Equilibration Society and Anatomic Sciences awards, Jesse Robinson.

American Academy of Oral Medicine and Dentsply Removable Prosthodontics awards, Suzanne Culver; American Academy of Oral Pathology Award, Eugene Beall; American Association of Endodontists, Goldstein Award for Clinical Excellence in Aesthetic Dentistry and Outstanding Achievement in Clinical Fixed Prosthodontics awards, Paul Gilreath.

American Association of Oral and Maxillofacial Surgeons and Georgia Society of Dentistry for Children awards, Dean Younce; American Association of Women Dentists Award, Shirley Fisher; American College of Prosthodontists Award, Patricia Noland; American Dental Society of Anesthesiology Award, Timothy Garrett.

American Society of Dentistry for Children Award, David Eichel and Ms. Culver; American Student Dental Association Award, Felix Maher; International College of Dentists Award, Alan Linder; Oral Implantology Research and Oral Pathology Achievement awards, Cile French.

Quintessence Award for

Dr. Wallace Edwards shakes graduate Marcos Caceres' hand during dental school hooding.

School of Dentistry Alumni Association Calendar of Events, 1991–92

October 1991

18 Alumni Board of Directors meeting

25 Alumni regional dinner, Atlanta

November 1991

6 Student Specialty Seminar

15 CE Program and Alumni Regional dinner, Atlanta

22 Alumni Board of Directors meeting

December 1991

9–11 Annual phonathon

20 Alumni Board of Directors meeting

January 1992

22 Alumni Board of Directors meeting

February 1992

5 Student/Alumni Specialty Seminar

7 CE Program and Alumni Regional dinner, Savannah

21 Alumni Board of Directors meeting

March 1992

6 Alumni Board of Directors meeting

14 Alumni luncheon/ Hinman meeting

16–20 Direct-mail solicitation

April 1992

6 Alumni Board of Directors meeting

30 Homecoming week (Reunions for classes of '77, '82 and '87 and dinner cruise for alumni)

May 1992

1–3 Homecoming week

13 Student/Alumni Specialty Seminar (404) 738–4231

Clinical Achievement in Periodontics, Quintessence Award for Clinical Achievement in Restorative Dentistry and Academy of Operative Dentistry awards, J. Don Spillers; Quintessence Award for Research, Mark Smith.

Omicron Kappa Upsilon honor society, Mr. Caceres, Ms. Culver, Mr. Margeson, Patricia Noland, Mr. Robinson and Mr. Spillers. Pharmacology Book Awards, Mr. Beall, Mr. Gilreath, Nanci Lubell, Glenn Sosebee, Andrea Wood and Mr. Younce.

Dr. Elmer J. Neaverth, professor of endodontics, was selected by the senior class to receive the Judson C. Hickey Outstanding Teacher Award. ■

Alum Shares Love of Dentistry with Others

Ingrid Heggoy

Dr. Tom McDonald, a general dentist in Athens, Ga., believes in dentistry so much that he devotes time to encouraging others to pursue it as a career.

"I try to encourage students to come and take a look at my office, to see what a practicing dentist's life is like," he said. "I feel that I got lucky and picked the right profession for me, but I didn't really know that much about it at the time. I want to try to help these students see what it will be like, and to encourage those with the right aptitude to pursue it."

Dr. McDonald is an off-campus member of the Medical College of Georgia School of Dentistry admissions committee and an assistant clinical professor in the Department of Restorative Dentistry. In these positions, he is able to both encourage students thinking about dentistry to enter the profession and to offer advice about dental practice to those already in school.

"I try to explain to them what it will be like," he said. "I have students from the University (of Georgia) in my office at least once a month, observing what my day is like.

"Questions from students already in dental school are a little different. Sometimes, when I'm at the school, students want to know about setting up a practice—that's their big question. I tell them that I think they can practice anywhere, but that they need to gear their practice toward the type of patients they'll see.

"I think there will be a need for dentists in the future, but right now there's not an overwhelming abundance of patients. It's a fascinating career, but I think someone who doesn't really love dentistry would have a difficult time, because patients can tell if you want to be helping them."

Dr. McDonald has been working with dental students since he graduated from MCG in 1983. He began as a clinical faculty member the following year, while he entered practice in Augusta with Dr. Douglas Clepper, a general dentist and assistant clinical professor of oral diagnosis and patient services.

"When I first got out of dental school, I was practicing four days a week and teaching two days," Dr. McDonald said. "I started covering clinics, and then I began teaching in the restorative dentistry pre-clinical courses. I enjoy it a lot, although after I moved to Athens I had to cut back on the time I spend in Augusta. But I'm still down there at least once a quarter, lecturing.

"I feel I'm so lucky to have picked dentistry as a career. It suits me and I can't imagine doing anything else. I've tried to give something back to the school; I feel I learned so much from them."

In addition to his work with the School of Dentistry, Dr. McDonald is involved in organized dentistry. He is president of the Eastern District Dental Society, a position which keeps him involved in dentistry statewide.

"The Georgia Dental Association has had to spend a lot of time and energy defending some legislation in Atlanta and speaking out against other legislation," he said. "I think this is a great portion of the importance of organized dentistry—the legislative portion of it, defending dentistry." ■

School of Dentistry Alumni Association Officers 1991–92

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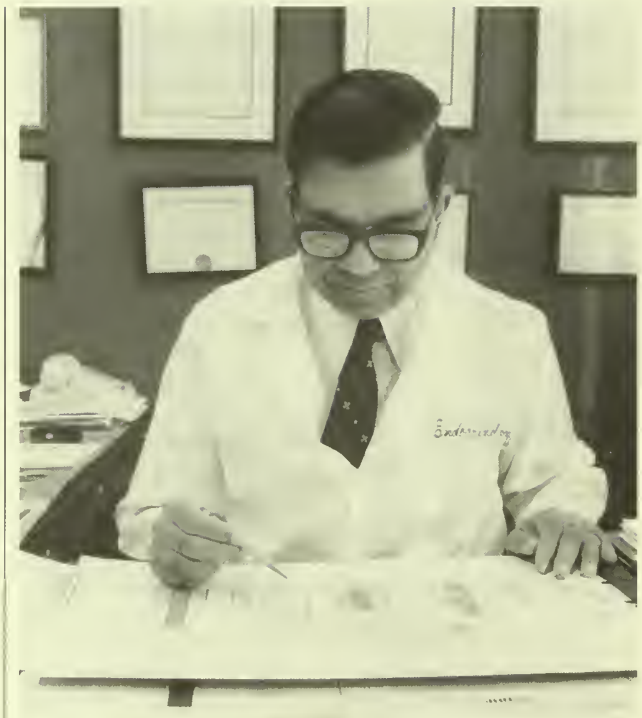

Dr. Virendra Mahesh

Dr. Mahesh Named Study Section Chairman

Dr. Virendra Mahesh, chairman of the Medical College of Georgia Department of Physiology and Endocrinology, has been named chairman of the Human Embryology and Development Study Section of the National Institutes of Health Division of Research Grants.

He will serve as chairman through 1993.

National Institutes of Health study sections review research grant applications and assign priorities to the applications. Funding is based on the priority. Dr. Mahesh's study section will review all applications dealing with human embryology and development. ■

Researcher Studying Cold's Effect on Body

Christine Hurley Deriso

A researcher at the Medical College of Georgia wants to know what it means to be out in the cold—literally.

Dr. Robert E. Godt, professor of physiology and endocrinology, has received a $40,000, three-year grant from the U.S. Navy to determine physiological changes that accompany drops in temperature.

Much about the process is already known. "When you're out in the cold, the body tries to maintain the interior temperature —the core—at the expense of the extremities," Dr. Godt said. It's the price of being warm-blooded, he explained. Vital organs can't adjust to temperature change. So to ensure that the heart and brain stay warm, the body rushes blood to them from the hands and feet.

Less blood means less oxygen, which can lead to frostbite of the extremities. "But you can also get irreversible damage even if you don't freeze, especially if you're out for a prolonged period," Dr. Godt said.

The Navy's interest in such a phenomenon isn't simply academic. "Sailors can get in situations where they're standing or lying in water for a long time," Dr. Godt said. "That can lead to tissue damage, and the Navy wants to know how to prevent it."

Dr. Godt and his colleague, Dr. Thomas M. Nosek, are studying rabbit skeletal muscle to determine exactly what changes occur when the body is exposed to cold. Rabbits also are warm-blooded and respond to cold the same way humans do. Previous research has led to the theory that cold leads not only to loss of oxygen to muscle, but also a decrease in the pH level of muscle. The pH level is a measure of acidity "and affects almost every enzyme in the body," Dr. Godt said.

It's a chain effect: cold weather deprives the extremities and their muscles of blood, which deprives them of oxygen, which leads the pH level to drop. And that combination, he believes, can lead to damage—even if the temperature is above freezing. The temperature at which damage begins depends on such variables as humidity and wind-chill factor.

A study of cold-blooded animals demonstrates how important the pH level is, he said. Cold-blooded animals' pH levels actually increase in response to cold. Their internal organs are not kept at a constant temperature, so their bodies can tend to the business of warding off cold-weather damage by adjusting the pH level.

"Under normal conditions, warm-blooded animals' pH level is constant," he said. "But such things as cold weather, muscle fatigue and vigorous exercise can lead to its decrease."

And if Dr. Godt's theory—that the decreased pH level leads to damage—proves correct, perhaps ways of artificially increasing man's pH level might be devised, he said. ■

Researchers Tracing Development of Heart Defects

Toni Baker

It can be a lose-lose situation.

As a fetus develops, tiny cells—called neural crest cells—migrate from the area next to the developing central nervous system toward the developing heart.

There, they help form the outflow septum of the heart so that oxygen-poor blood can get to the lungs and oxygen-rich blood gets to the body.

On their way, they leave behind a path of cells.

Somehow, once the neural crest cells reach the heart, the cells they left behind are activated and begin to produce elastin and smooth muscle cells. These help make both the pulmonary artery that carries blood to the lungs and the aorta that carries blood to the body durable and elastic so they can do their job.

When something interferes with the path of the neural crest cells, the result may be a child born with a heart defect or an adult more susceptible to heart disease.

Researchers at the Medical College of Georgia Heart Development Group are studying these neural crest cells .

They want to understand better what sometimes happens to those cells so resulting heart problems can be better treated or maybe even prevented.

The cells' trip to the heart

must be made rapidly, because the heart is fully formed by the time the fetus is 2 months old, said Dr. Margaret F. Kirby, Regents' professor of cellular biology and anatomy and director of the Heart Development Group.

"(Then) you start getting production of elastin and an alteration of cells and the development of smooth muscle cells in the blood vessels," said Dr. David Connuck, pediatric cardiologist and researcher in the Heart Development Group.

"That makes vessels elastic and more muscular and better able to do their job."

But when these neural crest cells don't do their job, the baby may end up with a variety of heart defects including only one vessel coming from the heart instead of two. Two are needed so blood that needs oxygen goes to the lungs and oxygen-rich blood gets out to the body.

Or the baby might grow into an adult more likely to get atherosclerosis or high blood pressure because the big vessels just off the heart are too rigid.

"We are looking for a way to define why heart defects happen and why they would happen in certain people," Dr. Kirby said.

"We know about the manipulation of these (neural crest) cells," said the researcher who in 1983 first manipulated the neural crest cells and was able to produce in chicken embryos many of the same heart defects doctors see in children. Now she and Dr. Connuck are focusing on the path these cells take on their way to the heart to get a total picture of the role these cells play.

Information about causes and—hopefully—prevention of these defects becomes increasingly important because the potential population of children born with heart defects is growing, Dr. Kirby said.

"The incidence of heart defects now is less than 1 percent in the general population," she said.

But surgery and other efforts to save these children have been going on for about 30 years. Now those children are having children who have a significantly increased risk—some up to about a 25 percent chance—of being born with a heart defect.

"We know a lot about this at the structural level and the embryonic level. We know about the manipulation of these cells," Dr. Kirby said. "But we know very little about what the cells are actually doing at the molecular level. What molecules they are producing. What molecules they are responding to. We don't know very much about that and that is where heart defects occur.

"Nobody goes in and surgically (removes) neural crest cells in the human embryo," she said, referencing the approach used to create the defects for study in the Heart Development Group laboratories. "So it's happening at the molecular level. It's happening through the genes somehow.

"If we can get one of these genes, then what we are going to do is make transgenic chickens; it's a chicken that we have manipulated, that we have engineered so that it can't produce that protein. Then we will have a living example of what happens when you take that out," Dr. Kirby said of current research funded by the National Heart, Lung and Blood Institute. ■

MCG Forms PMS Clinic

Toni Baker

A premenstrual syndrome clinic for women who suffer each month with symptoms ranging from abnormal mood swings to nausea and vomiting has been established at the Medical College of Georgia Hospital and Clinics.

"If you know that your period is coming on but that knowledge is not distressing and does not interfere with your normal activity, then you don't have PMS," said Dr. Leo Plouffe Jr., reproductive endocrinologist and director of the new program.

"If, on the other hand, the symptoms themselves cause stress, impair your normal function, don't allow you to function as you would normally, that qualifies as PMS," Dr. Plouffe said of the disorder which in the last five years has been a study focus of reproductive specialists who now know that it is a true physiological problem in some 5 percent of women.

"It is clearly a medical disorder. We have treatments for it and they work," he said.

It's been estimated that as many as 50 percent of women suffer with PMS. While Dr. Plouffe calls those high estimates counterproductive, so is not recognizing and treating the disorder in the 5 percent of women who have it, he said.

And experience shows that as many as half the women who suspect they have PMS actually have some other medical problem that needs attention, such as a thyroid disorder which causes them to feel fatigued, Dr. Plouffe said.

PMS first surfaced as disorder in the 1920s and 1930s, resurfaced in the 1970s when an obstetrician from England coined the phrase and gained attention again in the early 1980s when top reproductive endocrinologists began to study the disorder.

Although a specific cause has not been identified, PMS has been identified as a disorder that affects the chemistry of the brain. And that although women who have PMS have relatively normal monthly fluctuations of hormone levels—such as estrogen and progesterone—the way their bodies deal with those changes is very different.

Results are that each month just before menses, a woman experiences an uncomfortable combination of several of the some 150 identified symptoms from irritability to mood swings, depression, headaches, alternating constipation and diarrhea, breast tenderness and so on.

The new clinic, which meets each Tuesday from 1-4 p.m. in the MCG Faculty Clinic building on Harper Street, offers women evaluation and access to the latest treatments for this disorder.

Women can call the clinic directly at (404) 721–2273 or 1–800–736–2273 or ask their physicians to refer them. ■

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Dr. Goodrich Looks Backward, Forward With Pride

Toni Baker

The same day the Allies invaded Normandy medicine took hold of Samuel Melvin Goodrich.

He was having his tonsils out; it was 1944 and open-drop anesthesia was still being used. Dr. Otis Woods ('29), the same doctor who came to the home of Freida and Ellis Goodrich to deliver their son, was now taking out the son's inflamed tissue.

"I just thought it was great being a doctor. You come in being sick. They made you feel well."

After all, the family business —his parents owned a department store in downtown Milledgeville, Ga.—didn't interest him. But science and mathematics and biology did.

"My idea was, here is a way you could help people feel better and fulfill the things you were interested in."

Almost a half century later, Dr. Samuel Melvin Goodrich, an obstetrician-gynecologist in Milledgeville, figures he made the right decision. Never mind that he started a family tradition. Next-to-youngest brother Isaac Goodrich ('64) is a neurosurgeon. Youngest brother Jacob Allen Goodrich ('77) is an orthopedic surgeon. Dr. Charles Brown ('83), who just joined Dr. Goodrich's practice group, is a first cousin, and Dr. Brown's wife, Vickie ('82), is a dermatologist.

He didn't have to wander far for most of his education. He could walk to elementary school. High school and junior college were no farther than a stone's throw at Georgia Military College.

Finishing his college degree took him to Athens and the University of Georgia. The desire to be a doctor brought him to Augusta. He applied only to the Medical College of Georgia School of Medicine. The class size was about 100 then. He remembers that acceptance made him feel 10 feet tall and a bit apprehensive.

Today, the 1961 graduate of the School of Medicine brings the 10-feet-tall feeling to his job as the 1991–92 president of the school's alumni association. He is looking backward and forward.

He remembers the 1956 opening of Eugene Talmadge Memorial Hospital. "I thought that was the biggest hospital. I was really uptown."

He goes back to his school now and finds subsequent growth has covered up the old Talmadge.

He remembers freshman rotations he thought were torture. "When I was a freshman, biochemistry and physiology gave their exams the same day. I may have even said some bad words about them. There was plenty of reason to think we were being tortured and abused."

Dr. Samuel Goodrich

He looks back now and sees a process that built character and knowledge and love.

He remembers those naive feelings when he entered his residency in obstetrics and gynecology, that it was a happy field where he could learn whatever there was to know.

He sees it now as a field he enjoys, but one that offers up today more than anyone could know in a climate that is often litigious. "It's like learning to live with the atomic bomb," he says of soaring malpractice rates. "If you think about it all the time, you go crazy. You just learn to live with it.

"I don't cry about medicine. I think it's great. I don't sit around saying malpractice is terrible; it's impossible to practice; the government is giving us a headache. I'm happy with what I do. I like what I do. We are very, very busy here," he said of his hometown practice. "You see the gamut of problems here."

Dr. Goodrich also likes the place that taught him to do what he does.

"I love the school. I don't know any other way to put it. You love your family. You love your wife. I love my school, too. I've always felt like it was home."

And as alumni association president, Dr. Goodrich would like to kindle or rekindle those feelings in fellow alums and foster those feelings in tomorrow's graduates.

"The reason I feel loyalty is I feel education is so important. I feel education gives you an opportunity to have a good, successful life and a happy life. It did it for me.

"I'd like for people who leave there to have gotten that feeling for it, to make them realize that we have an alumni society, that we are here to help them. I'd like to see us develop scholarships to help support students so that they don't have to work or help them not have a large debt when they get out (that keeps them from doing) what they want to do. One of my biggest worries is that students, when they get out, don't have enough money to set up practice. So then they have to go into situations that are less than ideal; they might have to compromise things they might want to do."

He wants those in residency programs to feel that same kin-

ship with his school, to know that they are a part of the alumni society while they are in training. He wants to help those residents find practice opportunities, possibly by hooking them up with a fellow alum in the same town where the resident wants to practice. "I think it also helps communities recruit the physicians they need."

Dr. Goodrich already is working with School of Medicine administration to devise ways that the alumni association can support residents and get them involved. All the ideas take dollars and Dr. Goodrich knows it.

"Because we are fortunate enough to practice medicine, we come in contact with people and businesses and corporations that have the ability to support education," he said of the association's potential for help in this effort. More directly, he hopes fellow alumni will give what dollars they think they can to support their alma mater.

"It makes me feel very proud to have been part of the school and to see what's happening with it. I think it's going upward. I think its future is secure. It's a great institution now. It will be even better. It's got the leadership in place to do it."

And Dr. Goodrich hopes that those who might harbor bad feelings for any reason will take this time to wipe the slate clean. "I think if people have bad feelings or misguided feelings, make yourself known. The administration of this school listens. If a person has a problem or there is a complaint about something, nothing will ever get done about it unless it's voiced to the right people.

"I feel the leadership, the president of (MCG) and the dean of the School of Medicine, have only one goal, and that's the advancement of the Medical College of Georgia. I've never seen any leaders that wanted the alumni more involved." ■

Alum Pioneers Skin-Cancer Treatment

Toni Baker

Interferon injected directly into solid, superficial basal cell carcinomas produces an 80 percent cure rate with minimal scarring, according to clinical trials of this new treatment approach to the most common type of skin cancer.

As of late August, Food and Drug Administration approval was pending on this new treatment pioneered by dermatologist Hubert T. Greenway, a 1974 graduate of the Medical College of Georgia School of Medicine and head of the Mohs Surgery and Cutaneous Surgery Unit at Scripps Clinic and Research Foundation in La Jolla, Calif.

This new approach adds to the arsenal physicians have to treat basal cell carcinoma, particulary when surgery may cause problems, such as in patients who have pacemakers, those on blood thinners or those whose tumor is close to a nerve, such as a motor nerve in the face. In the latter case, surgery might damage that nerve, Dr. Greenway said. Interferon also could be useful in critically cosmetic areas such as the nose or some other area central to the face, he said.

Various types of surgical approaches, including cryosurgery and excisional surgery, achieve a 95 percent cure rate. Mohs micrographic surgery, a method of removing skin cancer layer by layer to achieve the maximum cure rate while preserving as much normal tissue as possible, achieves a 99 percent cure rate. Radiation therapy also is used to treat this cancer.

Dr. Greenway's approach requires a small biopsy to confirm the diagnosis, followed by injections of interferon three times a week for three weeks. Fewer injections have been tried, but have not been as effective, although research is ongoing to find a way to inject a slow-releasing form of interferon just once. He's also looking at other ways to boost the 80 percent cure rate, possibly by mixing the types of interferons used.

Inteferon is a protein product of the body that fights viruses and tumors. Dr. Greenway uses alpha interferon, which is produced by a type of white blood cell called a leukocyte. There also is a beta interferon, produced by connective tissue cells called fibroblasts and gamma interferon, produced by another type of white blood cell called a lymphocyte.

Side effects of treatment include flulike symptoms such as fever, muscle aches and joint pain, which typically can be controlled with acetominophen.

A significant number of the patients Dr. Greenway sees in his California practice have some type of skin cancer, as a generation that grew up without sunscreens and thinking tan was healthy finds itself facing the results of such a lifestyle.

About 600,000 new cases of basal cell carcinomas alone are diagnosed each year in the United States.

Those most at risk for the cancer are fair-skinned, fair-haired people with blue or green eyes. Those individuals should use sun protection measures including hats, protective clothing, sunscreens and limited sun exposure, Dr. Greenway said.

The slow-growing cancer starts out as a small papule, typically develops a bleeding ulcer that won't heal, and tends to be found on areas of the body overexposed to sun, such as the face and arms, said Dr. Avis Yount, a 1976 graduate of MCG now in dermatology practice in Augusta. Dr. Yount completed a fellowship in Mohs micrographic surgery with Dr. Greenway in 1990 and also has lectured and published articles with Dr. Greenway about the use of interferon for basal cell carcinoma.

Dr. David Kent, a 1982 graduate of MCG now in practice in Macon, Ga., also completed a Mohs fellowship with Dr. Greenway and was involved in his interferon research protocols. ■

Medical Faculty Honored

Toni Baker

Medical College of Georgia School of Medicine faculty were honored for outstanding efforts in research, education and patient care at the school's annual faculty assembly June 4.

Classes in the MCG School of Medicine honored educators of the year. The Class of 1991 honored Dr. Ruth-Marie Fincher, associate professor in the Department of Medicine; the Class of 1993 honored Dr. John W. Fisher, associate professor in the Department of Medicine; and the Class of 1994 honored Dr. Gene L. Colborn, professor in the Department of Anatomy.

The Class of 1991 honored the Department of Medicine as the Outstanding Clinical Science Teaching Department and the Class of 1993 honored the Department of Anatomy as Outstanding Basic Science Teaching Department.

Distinguished faculty awards were presented to eight faculty member. Awards and recipients include: basic science teaching, Dr. Gurkirpal (Paul) Sohal, professor in the Department of Anatomy; clinical science teaching, Dr. Bjorn Thorarinsson, assistant professor in the Department of Medicine; and basic science research, also to Dr. Sohal. Clinical science

School of Medicine alumni Maj. Tim Boley ('84, from left), Maj. Craig Smith ('84) and Maj. Vince Lyons ('83) renewed their friendship while stationed together at army hospitals in Iraq in support of Operation Desert Storm. All three are back home. Drs. Boley and Lyons are stationed in Ft. Benning, Ga.; Dr. Smith at Ft. Sam Houston.

research awards went to Dr. Asma Q. Fischer, assistant professor in the Department of Neurology, and to Dr. William B. Strong, Charbonnier professor and chief of the Section of Pediatric Cardiology in the Department of Pediatrics.

Dr. Bernard M. Schuman, professor in the Department of Medicine, was given the Distinguished Faculty Award for Patient Care.

Drs. Margaret B. DeVore, professor in the Department of Anesthesiology and associate dean for students, and Herman F. Flanigin, professor in the Department of Surgery, were honored with Distinguished Faculty Awards for Institutional Service.

Dr. Laura C. Daniell, assistant professor in the Department of Pharmacology and Toxicology, was named Outstanding Young Basic Science Faculty Member.

Dr. Daron Gale Ferris, assistant professor in the Department of Family Medicine and director of Student Health Services, was named Outstanding Young Clinical Science Faculty Member.

Dr. Elaine B. Feldman, professor in the Department of Medicine and chief of the Section of Nutrition, was honored as the school's Distinguished Faculty Member.

Also, 1991–1992 officers for the School of Medicine Faculty Senate were installed at the June assembly.

Dr. Mason P. Thompson, associate professor in the Department of Family Medicine, is president; Dr. John C.H. Steele Jr., associate professor in the Department of Pathology, is president-elect; Dr. Ann Marie Flannery, assistant professor in the Department of Surgery, is vice president; and Dr. Jeffrey M. Brandsma, professor in the Department of Psychiatry and Health Behavior, is secretary-treasurer. ■

Dean's Interlude

"Always do right. This will gratify some people, and astonish the rest."

—Mark Twain

In several days*, I will have the privilege of welcoming the new first-year medical students. What can I tell them that will be useful to them as they begin a lifetime of commitment to the science and art of being a physician? Probably not much that they do not know already or that their sharp, intuitive minds will not pick up for themselves. But that does not mean that I, in my naivete, will not try to impart some wisdom and perhaps warning. I certainly will tell them that times have changed and we now, more than ever, are called upon to distinguish right from wrong or, if we cannot distinguish with great clarity, at least try our darndest.

Although most of us have a pretty good idea of what is right under most circumstances, increasingly in medicine we are faced with situations in which the familiar rules and approaches seem not to apply or we are faced with what appear to be extenuating circumstances.

Consider
A pathologist in Royal Oak, Mich., has invented a machine that will enable a terminal cancer patient in great pain to take her own life, thereby setting two sacred trusts of the medical profession in extraordinary opposition to one another: the relief of suffering and the reverence for life.

Consider
An 86-year-old Minneapolis woman in a persistent vegetative state dies after a controversial court battle that pitted her husband and children, who wanted her life maintained on a respirator, against hospital doctors, who wanted her removed from the respirator because they regarded the treatment as inappropriate. (See *New England Journal of Medicine* 1991; 325:511–512.) Or the more common reverse situation, illustrated by the widely publicized cases of Karen Quinlan and Nancy Cruzan, in which the family wants to withhold life-sustaining treatment and the institution or the state opposes.

Consider
A 79-year-old woman is referred by her physician to a specialty consultant, who sees her for less than 10 minutes, informs her that the examination is covered under Medicare and bills Medicare $950. Later, when asked by the patient why the charge was so high, the consultant responds that he can bill Medicare whatever he wants, but Medicare

** This article was written in August*

will only reimburse $250. He does not mention that the $950 will markedly enhance his profile for that examination.

Consider

A young assistant professor, working in the research laboratory of a widely respected medical investigator, alters some data to conform with his hypothesis, presumably because he perceives that the recognition he will receive from his publications will enhance his career.

Consider

A third-year medical student arrives on the ward of a new clinical rotation at 6 a.m. She is told by the senior resident to review the chart of a patient who has been admitted the night before so that she can present the patient to the attending physician at 8 a.m. The patient has not yet had a complete blood count, but the senior resident tells the student to make up the values, because the attending physician always inquires about the CBC. The medical student knows that her grade of that rotation is largely dependent on the evaluation by the senior resident.

Several weeks ago, I received a phone call from a member of the MCG Faculty Wives organization. (It was a wife, not a husband. You know that now, as another sign of the times, the Faculty Wives have included all spouses as eligible for membership in the organization.) She proposed that the Faculty Wives and the School of Medicine co-sponsor a symposium on medical ethics. I thought that was a terrific idea and we will do just that during spring 1992. That interest is symptomatic of the broad recognition, by lay people, lawyers, clergy, medical professionals and others, of the importance of ethical considerations in medical issues today. The discipline of medical ethics is being defined and growing.

But how do we teach medical ethics? Or perhaps more to the point, how do we impart to our medical students, residents and ourselves the motivation to do what is right? As medical educators, we are familiar with the traditional methods of imparting new knowledge. For example, the field of immunology has developed remarkably over the past 25 years. We now have courses in immunology and teach the knowledge base necessary to deal with the science and clinical applications of immunology.

Medical ethics is different. Each of us brings our own social, cultural and religious past to bear on our current experience, which is modulated by the practicalities of the science and art of medicine. We cannot teach ethics the same way we teach immunology, but we can teach ethics. We can discuss issues, such as those identified above, in symposia, on the wards, and over lunch with colleagues; we can behave in a manner that is ethical, so that by example we teach; and we can remind young physicians, even on the first day of medical school, that the honor code we espouse at MCG is the first step toward doing what is right as a physician, which should be very gratifying, but not astonishing. ■

Dean Gregory Eastwood hoods Razia Yin-Myo-Thu Amin-Forte during medical school hooding.

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Student's Experience With Migrants Leaves Lasting Impression

Christine Hurley Deriso

This time last year, the closest Kim Parker had ever been to a farm was driving past a corn field en route to some other destination.

She got closer last spring.

Ms. Parker, a nursing student at the Medical College of Georgia, had to choose a site for her spring-quarter clinical experience, during which rising seniors perform supervised nursing services in a professional setting. Ms. Parker first narrowed down her selection by deciding she wanted to participate in the school's rural preceptorship program, which places students in rural, medically underserved areas. Next, she followed her heart. The reason she chose the nursing field in the first place was for the opportunity to be truly of service. And she wanted to perform that service where it was most badly needed.

That's how she ended up spending her spring in Metter, Ga., working with migrant farm workers.

"I specifically wanted to work with that group—people who can't pay for health care but really need it," Ms. Parker said.

The Candler County Health Department sponsors the Pineland Migrant Health Program to offer health services to the migrants and their families who stream into the Metter area annually to harvest crops. Ms. Parker's nursing services were supervised by Frank Stilp, a nurse who runs the program.

Her work, which lasted 10 weeks, included providing physicals and other nursing services at farm sites, public health sites and a day-care center for migrant children.

"When I first started, I didn't know what to expect," she said. "I was picturing cows and chickens."

What she found were people—mostly Hispanic—who despite their poverty were very much like any others she'd met. "What you find out is that people are people," she said.

Of course, some differences were glaring, including the group's disproportionate amount of health problems. "There are problems that are specific to migrant workers—lots of infectious diseases, ear infections, diabetes, pesticide poisoning. It's like the Third World right here in the United States.

"It's really challenging. You tell them to take their medicine, but you wonder if they have the means to do it. You have to be really creative about finding ways to get things done."

She not only helped treat their problems but also educated them about preventive measures. She worked extensively with expectant mothers, many of whom give birth to low-birth-weight babies, to provide prenatal care.

She also got to know them on a personal level, even picking up a good deal of Spanish. She loved the children, who managed to laugh and play despite impoverished living conditions. Many worked in the fields alongside their parents. Others went to local schools but said they were ostracized there.

The experience left an indelible impression on Ms. Parker. "I have a commitment to the Navy, but I'd love to work with them again," she said. "It's very worthwhile. It gives you a taste of another lifestyle and makes you appreciate what you have." ■

Alum Named Associate Dean

Christine Hurley Deriso

Dr. Virginia H. Kemp, director of the Medical College of Georgia School of Nursing Center for Nursing Research, has been named the school's associate dean for graduate programs.

She succeeds Dr. Linda Ellis, who will resume her previous position as associate professor in the Department of Psychiatric/Mental Health Nursing.

"I'm very pleased Dr. Kemp will be assuming this position," said Dr. Vickie Lambert, dean of MCG's School of Nursing. "Her track record as a researcher and scholar will, I think, add a new dimension to the position."

Dr. Kemp earned a bachelor's degree in nursing from MCG, a master's degree in nursing from Emory University and a Ph.D. from the University of Texas in Austin.

After working in several clinical positions and as an instructor at DeKalb College in Atlanta, she joined the MCG faculty in 1979 as an assistant professor in the School of Nursing. She was named coordinator of the curriculum process in 1986 and was named associate professor in the Schools of Nursing and Graduate Studies in

Dr. Joyce Billue hugs graduate Patricia Hartigan during nursing school pinning ceremony.

School of Nursing Alumni Association Calendar of Events 1991–92

October 1991

17	Alumni luncheon at Georgia Nurses Association meeting
17–19	Georgia Nurses Association conference, Gainesville
21–23	Phonathon
25	Alumni regional dinner, Athens
30	Student/Alumni Specialty Semina

February 1992

19	Student/Alumni Specialty Seminar

March 1992

9–13	Alumni direct-mail solicitation

May 1992

1–3	Homecoming week

1986. She was acting coordinator of MCG's doctoral program in nursing from 1985 to 1987. In 1988, she joined the Georgia State University faculty as associate professor of parent-child nursing, then rejoined MCG in 1989 as an associate professor and director of the Center for Nursing Research. ■

Dr. Conway Named Distinguished Alumna

Dr. Mary E. Conway, dean emeritus of the Medical College of Georgia School of Nursing, has been named a 1991 distinguished alumna of the Boston University College of Liberal Arts and Graduate School.

Dr. Conway, dean of MCG's nursing school from 1980 until her retirement in 1990, earned a doctorate in sociology from Boston University. She was presented with the award during a May 11 alumni luncheon at the school.

She also earned a bachelor's degree in nursing from Columbia University and a master's degree in nursing administration from the University of Minnesota. Before joining MCG, Dr. Conway was dean of the School of Nursing at the University of Wisconsin-Milwaukee and had been an associate professor at the Boston University School of Nursing. Early in her career, she worked as a staff nurse, head nurse, nursing supervisor and nursing director at various hospitals in New York and Massachusetts. ■

Nursing Instructor Selected for Fellowship

Christine Hurley Deriso

A Medical College of Georgia School of Nursing instructor has been selected a fellow in a program designed to enhance the relationship of North and South America.

Jo-Ellen McDonough, instructor in the Department of Community Health Nursing, has been named one of 40 fellows to serve in the Partners of America Fellowship in International Development. Partners of America is a voluntary organization that pairs U.S. states with countries in Latin America and the Caribbean to promote economic and social development in the western hemisphere. The fellowship, supported by the W.K. Kellogg Foundation of Battle Creek, Mich., selects fellows representing a variety of professional backgrounds to develop projects to further Partners of America's goals.

"The 40 fellows are from all walks of life—government, business, education, the arts—they're selected from a wide variety of areas," Ms. McDonough said.

Ms. McDonough, who directs a School of Nursing program that enables students to train in rural, medically underserved areas, was nominated by the Georgia chapter of Partners of America based on her efforts to improve rural health care. Along with her work with nursing students, she also served a six-month sabbatical in 1989 in Recife, Brazil studying infant mortality and nursing services in the area. Her colleagues in Recife then came to Augusta to determine ways of enhancing medical services in the area.

As a fellow, she will receive a $3,000 grant to further her study. "One of the things that intrigues me is I think international health and rural health have similarities in terms of their problems and challenges," she said. "What I learn from each should have cross-applicability." ■

Ms. Broman Named To Hospital Staff

Kay Broman has been appointed associate hospital director for patient care at the Medical College of Georgia Hospital and Clinics.

Ms. Broman began her duties March 19, succeeding Betty Golden, who retired from the position after 20 years. Ms. Broman will manage the Department of Nursing and supervise the areas of inpatient nursing, operating rooms, post-anesthesiology, recovery room and ambulatory surgery center, recruitment and retention and infection control.

Before coming to MCG Ms. Broman was associate director of nursing, financial and human resources at the University of Iowa Hospitals and Clinics in Iowa City. She also was an adjunct faculty member of the University of Iowa College of Nursing.

She received a bachelor's of science in nursing and a master's degree in business administration at the University of Iowa, where she also completed graduate work in nursing administration. She also completed a fellowship in the Commonwealth Nurse Executive Leadership Program at Boston University. ■

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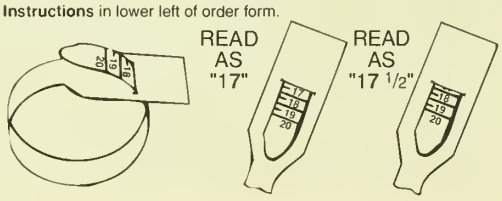

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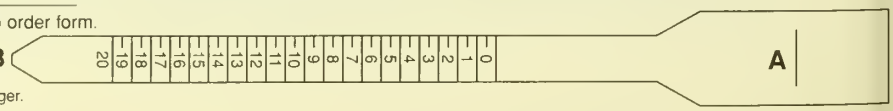

Reaching Out

Darlene Williams leads support group.

Stephens Street in Jefferson County's tiny Wrens, Ga., dead-ends into a dusty, jutted stretch of dirt that serves as a driveway for Praise Deliverance Church. The church itself is a modest box of a building that, on this particular 95-degree day, has a broken air conditioner.

No matter. One senses that the women who file into the church this Wednesday afternoon are used to unaccommodating conditions. About a dozen show up, and most have children in tow. Once inside, the women find a pew and absently begin waving themselves with hand-held fans waiting in the seats. The children seem to instinctively assume the subdued, mannerly disposition generally reserved for Sunday mornings but obviously applicable to any visit to church. The church is still, hot and quiet as the group waits for the meeting to begin.

"Hi," Darlene Williams says cheerily as she walks into the building and begins greeting each woman by name. They know each other well. They've met here twice a month for more than a year, exchanging confidences, sharing experiences and generally just being there for each other.

They've talked about many things during the course of these meetings: childhood traumas that they never before discussed and subsequently never really got over; adult tragedies, such as the loss of a child; and the grind of impoverished lifestyles, including joblessness, frustration and hopelessness. Sometimes Ms. Williams, a social worker for the Medical College of Georgia School of Nursing, conducts the meetings. Other times, she invites guest speakers, as is the case on this day, when physical therapist and MCG graduate student Denice Traina joins the group to discuss strategies for dealing with stress.

What are their sources of stress, she inquires? Having to remind children over and over to pick up after themselves, one says, and the others nod their heads in concurrence. Ms. Traina asks how they feel physically when stressed. The women describe sore necks, shoulders and backs. She then asks how they relieve the stress. One woman says she turns on the television to tune it out; the others have no ready answers. They aren't accustomed to tending to their

needs; they're too busy tending to the needs of others. So Ms. Traina offers some solutions, including psychological and physical exercises designed to relieve stress. This group of women calls itself the Minority Women's Support Group, and it is but one of many projects encompassed in the MCG School of Nursing Rural Health Outreach Program. The program was begun in 1988, funded by a recently renewed grant from the W.K. Kellogg Foundation of Battle Creek, Mich., to help improve health care in Jefferson County, the fifth most economically disadvantaged county in Georgia.

The original intention of the grant was to help improve the county's dismal infant mortality rate. The grant funded a medically equipped van to take health care to the county's mothers and their children whose medical needs otherwise went unattended. But the program has blossomed beyond all expectations. Today, the program offers health care, or help in obtaining it, to all county residents in need. Services include health screenings at work places, schools and community sites; educational programs aimed at healthy lifestyles and preventive medicine; referrals and help in using already-existing resources; and self-help and support groups, such as the one Ms. Williams conducts for minority women.

"I held the first meeting on May 15, 1990, and I anticipated maybe 15 would come," recalls Ms. Williams, who also leads a support group in a Louisville church and plans to expand. "To my surprise, 50 showed up. These women don't have a whole lot of activities. When we come together as a group, they have a social outlet. I find out what interests them and what they want to know about. We want to empower women, to help them gain control over factors that affect their lives."

The concept of empowerment is echoed by all those involved in the Rural Health Outreach Program. "We teach the residents what they can do to make the situation better for themselves," says Judy Shafer, a family nurse practitioner at MCG who provides clinical services for the program. She, social worker Janice Moore and driver Mary Beasley set out in the medically equipped van Tuesdays through Thursdays

and offer their services.

They advertise their location for the day via the local media or spend the day making home visits. Ms. Moore evaluates the patients first, determining their access to basic necessities and helping them fill out forms for assistance if necessary. "I can refer them to any social services they need," she says. She also offers information about job training and educational opportunities.

"Even if we can take care of their health need, if they can't support themselves to keep themselves healthy, we've only put our finger in the dike," Ms. Shafer says. "We're looking at the big picture. Sometimes you have all these wonderful programs and nothing to connect them. We see ourselves as a connecter."

Next comes the health assessment, including a complete physical. Ms. Shafer tests her patients' vision, hearing, blood pressure, cholesterol level, blood sugar and other health indicators. Dr. William G. Phillips from MCG's family practice center joins her monthly. Those with health problems are referred either to a local health provider or to MCG if necessary. Emergency medical technicians are on call in cases of medical emergencies.

"If they already have a doctor, we refer them to him," Ms. Shafer says. "We are not here to take anybody's patients away. We're here to help those who have fallen out of the system, through the cracks, and get them the help they need."

The group screened 1,100 children through the Jefferson County school system last year. "We found vision problems, rashes, ear infections strep throat — that sort of thing," Ms. Shafer says. They also provide health-promotion programs and work with educators to try to stave off the common problems they find in the adult population, notably high blood pressure.

Also, last May, Ms. Moore coordinated the program's second annual Healthy Baby Week. Jefferson County schoolchildren were invited to participate in a contest with three categories: rap, essay and poster. The theme of their project was "Better Babies Begin Before Birth," touting the importance of good prenatal care. Local businesses donated prizes, which included savings bonds, cash prizes, T-shirts and boom boxes. About 100 children participated and all had a ball, she said.

"These kids have a lot of talent. It's fun to direct them in the right area," Ms. Moore says. "It also encourages boys to think about this issue and to get involved."

Indeed, involving males in what typically are thought of as female issues is a significant part of the Rural Health Outreach Program. Alton W. Spells, community projects coordinator for the program, last year was awarded a $48,000 grant from the Kellogg Foundation to promote the self-esteem of young black males in Jefferson County. The foundation has established a Kellogg International Leadership Program to help develop leaders to improve human services at the community level throughout the world. Mr. Spells is one of 60 people from 17 counties chosen as the program's first group of fellows.

Mr. Spells has developed programs for young black males in hopes that providing role models and bolstering the self-image of this group will lead to a decreased teen-pregnancy rate.

"Many of these young men come from single-parent households and tend to have low self-esteem and high dropout rates," Mr. Spells says. This combination of factors contributes to the high pregnancy rate of Jefferson County teens, he said. As community projects director, he obtains data about maternal-infant health care in the community.

"(Working with the males) is a means of tackling the problem from a different angle," he says. "We have

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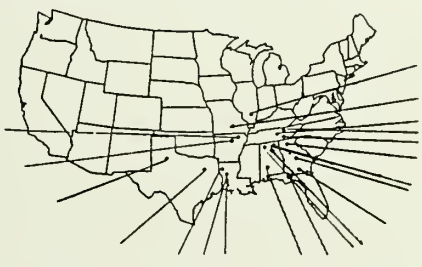

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Denice Traina shares stress-relieving techniques with support group members.

young males who are taking no responsibility for their actions. We're hoping to teach them better decision-making skills and encourage them to make decisions in the best interest of themselves and the community."

He has coordinated a group of volunteers to establish programs for the young men. The first step is opening the doors of communication, he said. "These kids have some ideas and concepts. I'm not saying they're the right ideas, but we have to take the time to listen. Then, adults can teach them some skills and open them up to new ideas. It's combination of tender loving care and a volunteer approach to tackling a longstanding problem in the community."

The volunteers also work with the males' families, encouraging them to nurture their self-esteem. "This is by no means the answer to the problem," Mr. Spells says. "But it's a start."

Are the combination of efforts — health screenings, education, children's contests, self-help groups — making a dent? The answer, says the staff, is a resounding yes.

Consider these statistics: In the past three years, the program has arranged transportation to health-care sites for some 20,000 Jefferson County residents. The number of initial prenatal visits to the county health department for mothers who delivered their babies at MCG increased 270 percent. The average number of prenatal visits has increased from five to seven. More than 1,200 community health screenings have been provided at community events, schools and business. And the average birth weight and gestational age of babies born in Jefferson County has increased.

These changes are documented by Vicki Sherrod, data manager for the Rural Health Outreach Program. Ms. Williams, the social worker who conducts women's support groups, visits MCG and St. Joseph hospitals in the mornings and collects medical data, such as birth weight, of Jefferson County mothers' newborns. Ms. Sherrod enters the information into a computer. Ms. Williams also interviews the newborns' mothers to assess any needs they may have. The staff then follows up on the families, charting the infants' development.

For instance, most of the children receive medical treatment at the Jefferson County Health Department, and if they begin missing visits or vaccinations, Ms. Williams looks into the situation. Perhaps a mother needs transportation to the health department, for instance. The Rural Health Outreach Program will see that she gets it.

Ms. Sherrod publishes the statistics she collects in a monthly Rural Health Outreach Program newsletter. But it isn't the numbers that are important, she stresses. It's the people the numbers represent, who often fall through the cracks of the health-care system.

Several health-care resources have been available to the residents over the years, but the staff found that many were unaware of their existence.

The staff also keeps tabs with Kellogg grant recipients nationwide to exchange notes and gauge progress. The Battle Creek, Mich.-based Kellogg Foundation funds many programs aimed at aiding the impoverished. In February, MCG hosted the Kellogg Maternal/Infant Cluster Conference, a meeting of grant recipients. The seminar featured presentations of other Kellogg projects and discussions about how to enhance their effectiveness.

The presentations illustrated the diversity of needs throughout the country, including the needs of low-income immigrant families, residents of Indian reservations and migrant farm workers.

Nancy B. Williamson, evaluator for MCG's Rural Health Outreach Program, discussed ways of pooling resources and spreading the word of the projects.

"Those of us doing Kellogg grants need to be doers and we need to talk and write about what we learn," she says. "I like to call us radical innovators." She discussed creating a network of information "so we can be more productive and start creating change."

And the change has already begun. "We are really trying hard to get out the word that we're here to help," says Ms. Shafer, the family nurse practitioner who provides clinical services for the program. "And the people in the county are responding. They'll drop by (at health-screening sites) just to visit after they've gotten to know us. We have a rapport. We're not outsiders; we're a part of the community. We can't take credit for all the positive things that have happened, but we think we've contributed."

—CHRISTINE HURLEY DERISO

Year in Review

"If you have built castles in the air, your work need not be lost; that is where they should be. Now put the foundations under them."

—HENRY DAVID THOREAU

as referenced in the 1991 State of the School Address by Dr. Gregory L. Eastwood, dean of the School of Medicine.

The 1990-91 fiscal year has been one of castles and foundations for the Medical College of Georgia Hospital and Clinics. Excitement and enthusiasm accompanied the year as the hospital continued to build on its valued reputation by providing quality care and services and developing new programs to meet the health-care needs of the people of Georgia and the region.

As an academic medical center, MCG Hospital and Clinics continues to be committed to high-quality patient care, education and research. This year's efforts and accomplishments were guided by this three-fold mission. The foundations it is building are many.

Foundations of Patient Care Service

The size and capabilities of the epilepsy monitoring program were increased with the renovation of the monitoring unit and its expansion from four to six beds. The expansion also allowed for the addition of a dayroom for patients and increased the capacity of the patient monitoring service.

The dialysis unit also was expanded during the year. Patients awaiting kidney transplant spend many hours in this unit having impurities mechanically cleaned from their blood. Acutely ill patients require blood exchanges often four times a day. This year, the number of hemodialysis stations increased from 14 to 18 and the number of beds for acute patients from three to six. This expansion allows us to increase this service to the citizens of Georgia.

The renovated ambulatory procedure center, which includes the ambulatory surgery unit and endoscopy unit, also was opened during fiscal 1990-91. The center contains four operating rooms, a local procedure room, eight private pre-operative/postoperative rooms, two endoscopy prep rooms and five endoscopy treatment rooms.

As part of this center, a new 23:59 admission procedure was established to accommodate an extended observation period for selected ambulatory surgery patients. The procedure provides a short stay or overnight observation admission to help physicians provide the appropriate level of care.

Hospital services were expanded this year with Georgia's first inpatient adolescent program to meet the special needs of adolescents with a variety of medical and surgical problems. The new inpatient program on the eighth floor of MCG Hospital has three private patient rooms and three double-occupancy rooms.

The newly renovated 4-South patient unit was opened to serve renal transplant and general surgery patients. All 30 patient rooms are private, with four designed as isolation rooms with capabilities for negative and positive air flow. In addition to renal transplant patients, the unit will serve patients in the planned bone marrow transplant and pancreatic transplant program which were announced in June.

Physicians in obstetrics and gynecology now use lasers in cases of ectopic pregnancies, lessening the incidence of Fallopian tube removal and therefore preserving patients' fertility. Among other new laser procedures used at MCG Hospital and Clinics is laparoscopic cholecystectomy. This procedure for gallbladder removal requires no major surgery and only two to three days' hospitalization.

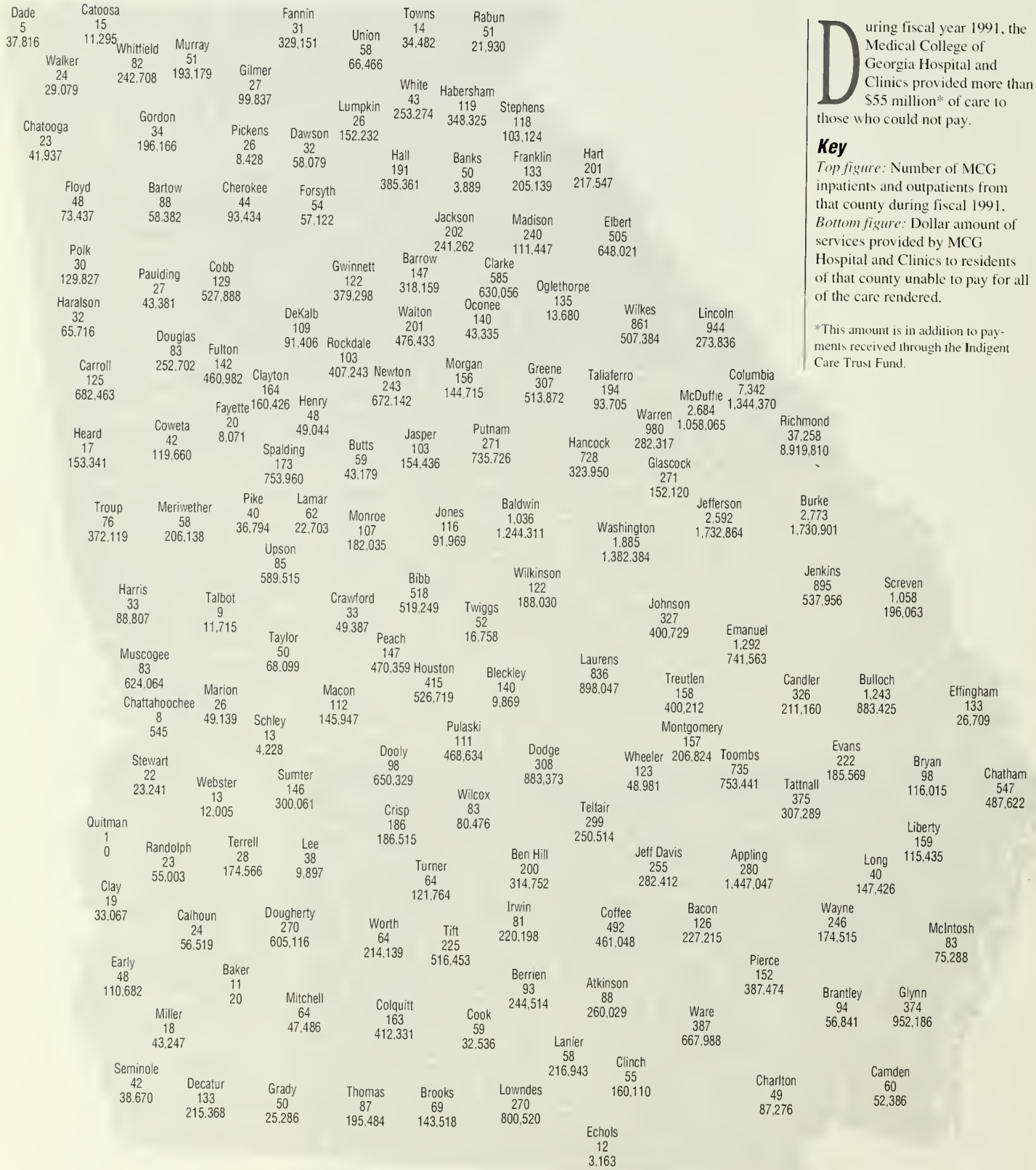
Services of the hospital's urology section were enhanced by acquiring a lasertripter, allowing endoscopic pulverization of many urinary calculi. The lasertripter and lithotripter, which also became available at MCG Hospital this year, enable treating most urinary tract stones without major surgery.

The hospital's cardiac-care unit, which opened in 1990, was expanded from four to six beds during the year. Also, additional beds were opened in the 5-South intermediate-care unit and surgical intensive-care unit, bringing the hospital to its maximum adult ICU-bed capacity of 39 without renovating.

The Child Life Program, provided within the Children's Medical Center at MCG, officially became a department on its second birthday in November 1990. The department strives to provide psychosocial care for children by normalizing the environment, preparing children for procedures and surgery, offering play opportunities and advocating for changes within the hospital setting that are sensitive to the needs of children and their families.

continued on page 39

Newly renovated epilepsy monitoring unit.



During fiscal year 1991, the Medical College of Georgia Hospital and Clinics provided more than $55 million* of care to those who could not pay.

Key

Top figure: Number of MCG inpatients and outpatients from that county during fiscal 1991.
Bottom figure: Dollar amount of services provided by MCG Hospital and Clinics to residents of that county unable to pay for all of the care rendered.

*This amount is in addition to payments received through the Indigent Care Trust Fund.

... continued from page 37

More than 50 volunteers work with pediatric patients through Volunteer Services and the Child Life Department. Among the volunteer efforts was the development of a parent handbook by the Junior League of Augusta. Also developed was the Cuddler Program in which volunteers provide love, warmth and attention for the tiny babies in the Neonatal Intensive Care Unit.

The Children's Medical Center at MCG, now primarily housed on the eighth floor of the hospital, continues to gain an identity of its own, not only in the region and state, but internally as well. A new logo was developed and placed on the walls, putting the finishing touch on last year's colorful refurbishing. A task force to develop bylaws for the CMC has completed its report. An advisory board to review fund-raising activities also was appointed. A pediatric nursing recruitment and retention committee was activated to develop an aggressive plan to recruit nurses in general pediatrics and in pediatric critical-care nursing.

MCG's ECMO (extracorporeal membrane oxygenation) program had a major breakthrough with the development of a catheter that allows the lifesaving procedure to be performed without tying off the carotid artery, a practice that concerned neonatologists because of potential dangers to the developing brain.

The idea of getting young patients to MCG Hospital quickly for needed treatment and care resulted in establishing a Pediatric Critical Care Transport Program this fiscal year. It was estimated that 50 transports would be made in the program's first year of operation, but that estimate was surpassed after only eight months.

Speech pathology, physical therapy and occupational therapy began a new patient program to stimulate chronically ill, trached and ventilator-dependent children. The program provides a daily one-hour stimulation group for the targeted populations, with an average of three children treated daily.

Foundations in Programs

The Physician Consultation and Referral Service was implemented this year to enhance communications between Medical College of Georgia faculty physicians and alumni, referring physicians and other health professionals. As part of this service, the 24-hour MCG Consult Line was established. Through a toll-free number, practicing physicians may reach MCG faculty physicians to consult on diagnosis and therapy, explore research findings and refer patients. Also, the Physician Consultation and Referral Directory was developed to enhance access to MCG physicians.

GeorgiaCare, in its third year as the board-of-regents-approved preferred provider organization, continues to expand. The employee benefits program was introduced to four additional University System of Georgia institutions during the year, bringing the total to 15 colleges and universities.

A valet parking service to ease patient and visitor access to the hospital and clinics was introduced in a six-month pilot program. The future of the program will be decided after evaluating the pilot project.

Arts in the Hospital, a project of the hospital's Department of Volunteer Services and Community Relations designed to enhance the quality of the hospital environment for patients and employees, completed its first year with six art exhibits. Included were a staff-faculty exhibit and performances by the Augusta Symphony Woodwind Trio, Storyland Theatre and the Davidson Fine Arts School Chamber Orchestra.

Foundations of Expanded Facilities

Of major importance is the Ambulatory Care Center/ Specialized Care Center, for which ground was broken in December 1989. Activation planning and operations planning have been ongoing this year. The emergency services department and trauma service are scheduled to move into the Specialized Care Center in early 1992. The Ambulatory Care Center is scheduled for occupancy in fall 1992.

Fiscal 1990-91 saw the closing of the temporary dining room, the Hard Hat Cafe, and the opening of the new Terrace Dining Room on St. Valentine's Day.

Foundations of Education and Research

Throughout all its departments, the hospital and clinics provide educational opportunities for students of MCG's five schools and other educational institutions. The hospital and the School of Allied Health Sciences established a program in September to enhance the training of physical therapy clinicians and faculty. Two physical therapists are now in a four-year program which provides two years' teaching and two years' clinical experience for participants pursing a master of health education degree.

To enhance educational opportunities in nursing, the Department of Nursing and School of Nursing have launched a series of collaborative projects in which the department's clinical directors are paired with four faculty members, bringing faculty into the clinical site and challenging the clinical directors with the demands of the academic setting.

In the Department of Pharmacy, a nuclear pharmacy program was established to not only improve patient care, but to support the research and educational missions of MCG. As part of the program, a nuclear pharmacist was appointed to the pharmacy staff to develop a nuclear pharmacy practice. The program is jointly funded by the pharmacy, the Department of Radiology and the School of Allied Health Sciences.

The pharmacy department also took a leadership role in working with the Augusta Technical Institute to develop a pharmacy technician training program which began in fall 1991.

Research into the cause of Alzheimer's disease continues, as does that into drugs to prevent rejection of transplanted organs. Neurologists are testing therapies to protect undamaged parts of the brain from the effects of strokes. Emergency services continues to participate in red blood cell deformability studies and in a throat culture methodology study in conjunction with the Department of Family Medicine. New research activities are on the drawing board in the Department of Nursing.

The pharmacy department continues to be a leader in hospital research. In 1990-91, 17 new studies were initiated and 13 were continued from the previous year. Also, the pharmacy was involved with multiple protocols for 12 chemotherapy drugs distributed through the National Cancer Institute. The department is also involved in various investigational drug studies.

Management staff in administrative and clinical support positions have been active in scholarly presentations to professional affiliations and in continuing-education activities. Administrative staff members also participate in teaching, primarily in the School of Allied Health Sciences.

A new program was introduced in the Department of Nursing in April to maximize participation of qualified staff in the decision-making

Cardiac care unit

process and to help create collegial relationships among the staff. The department also initiated a mechanism to distribute accountability in the departments to improve decision-making and staff satisfaction while standardizing patient-care policies and procedures.

In addition to offering educational and developmental programs for its staff, the hospital also provided 1,250 vaccinations to its staff to prevent an epidemic outbreak of measles. The flu vaccination program was continued and procedures were revised and implemented to screen and protect employees from exposure to the hepatitus virus.

To facilitate a safer and more timely return to duties, a referral and follow-up program for work-related back injuries, both chronic and acute, was established.

Foundations in Community Service

MCG, along with the Augusta Red Cross and the Physicians Practice Group, again sponsored the regional health fair at Augusta Mall. More than 1,000 people registered for the screenings made available by volunteers from throughout MCG and the Red Cross organization.

MCG's emergency services and emergency medicine staff coordinated emergency care support for River Race Augusta for the fourth consecutive year. MCG's service is now recognized as the model program in the nation by insurance underwriters.

Faculty and staff from throughout the hospital and clinics are active in community endeavors such as the March of Dimes, Kidney Foundation, Heart Association, Lung Association, YMCA, YWCA, Red Cross, Alzheimer's Association, Cerebral Palsy Association, Teddy Bear Clinic and church and civic organizations. The names of MCG staff can be seen as volunteers in leadership positions as well as in general working membership positions. In addition, hospital and clinics staff members lecture to various civic and school groups and outreach education to smaller hospitals and community groups.

Support of the Children's Medical Center and the Miracle Network Telethon can be seen almost weekly in the form of fund-raising efforts. MCG exceeded by $10,000 its goal of $135,000 in the State Charitable Contributions Campaign.

Adolescent services dayroom, equipped with television, VCR and other items of interest to teens.

Adolescent Services Expanded

The Medical College of Georgia Hospital and Clinics has expanded its services with Georgia's first inpatient program that meets the needs of adolescents with a variety of medical and surgical problems.

"As long as there are teen-agers and hospitals, we need this kind of service," said Dr. Robert A. Pendergrast Jr., adolescent medicine specialist and medical director of the new program. "I think it's a recognition that adolescents are different from young children and different from adults. They need a chance to express that even when they are sick."

The new inpatient program on the eighth floor of MCG Hospital has three private patient rooms and three double-occupancy rooms. Each room has touches like a bulletin board, so patients can personalize the rooms, and artwork featuring sports, dance and other areas of interest to young people, said Deirdre Cutliffe, child-life coordinator at the Children's Medical Center at MCG, who will help meet the patients' non-medical needs.

A dayroom has a refrigerator, microwave oven, stereo, television and video cassette recorder, complete with educational and entertaining videos for adolescents. A computer system for work and play is available in the program office.

Program services will include scheduled informal times for the patients to get together and talk about whatever is on their minds, and programs on topics of interest to adolescents, such as makeup and clothing, Mrs. Cutliffe said.

Patients age 12 to 18 may be admitted, but that policy is flexible on either end, particularly the upper end, Dr. Pendergrast said.

"Children with chronic and acute illnesses tend to not be as developmentally mature. You may have a 20-year-old with cancer, cystic fibrosis or chronic heart disease that may fit in better with that (adolescent) group," he said.

And, recognizing that many adolescents are not cared for by pediatricians, this program is open for admissions from many hospital services, such as internal medicine, orthopedics and general surgery.

As an adolescent medicine specialist, Dr. Pendergrast does much of his work on an outpatient basis. "Hospitalization of adolescents tends to be for chronic disorders and disabilities that have been with them since childhood, but because they are growing toward adulthood, their way of dealing with their illness is different," he said. "Diabetes, for example. We have to begin shifting care of the disease from the parent to the growing adolescent who will soon be a young adult.

"If we continue to mix them in with the younger children, our tendency would be to continue to treat them as younger children. If we give them their own program, it's visible recognition that they are growing up and they are going to have to begin to take that responsibility for themselves."

Accidents and injuries are major causes for hospitalization of adolescents, as well as acute illnesses such as asthma and chronic problems such as sickle cell disease, cystic fibrosis, cancer and gynecological problems.

Linda Rathbun, head nurse on the general medical-surgical unit Eight South, is head nurse of the adolescent medicine inpatient program. Also, Dr. Pendergrast is organizing a program advisory committee that will include child and adolescent psychiatry, family medicine and child-life specialists.

Dr. Pendergrast feels confident the new adolescent program will enhance patient outcomes both physically and psychologically. "Frankly, the hospitalization tends to go better if adolescents are put with kids of their age and their development, educational and social needs are addressed. Then they tend to be more compliant with their medical regimens, tend to complain less about things like pain, tend to understand their illnesses better and be more satisfied with the process."

—TONI BAKER

Medical College of Georgia

Summary Statement of Current Funds Revenues, Expenditures and Other Changes
Year Ended June 30, 1991 (With Comparative Figures for 1990)

	1991				
	Educational and General		Auxiliary		
	Unrestricted	Restricted	Enterprises	TOTAL	1990 TOTAL
Revenue					
General Operations					
Resident Instruction					
Student Tuition and Fees	$ 5,399,305.90	$	$	$ 5,399,305.90	$ 5,140,900.80
State Appropriations	67,936,043.00			67,936,043.00	66,381,740.00
Indirect Cost Recoveries	2,287,592.12			2,287,592.12	2,118,188.58
Other Sources	67,073.01			67,073.01	71,343.18
Departmental Sales and Services					
Revenues for Program Support	5,050,399.24			5,050,399.24	4,917,969.79
Less: Quasi-Revenue	(2,267,404.57)			(2,267,404.57)	(2,232,636.42)
Sponsored Operations					
Federal Grants and Contracts		7,989,612.90		7,989,612.90	7,989,026.69
State Grants and Contracts		2,560,083.08		2,560,083.08	3,362,013.89
Local Grants and Contracts		375,539.08		375,539.08	392,130.38
Private Grants and Contracts		19,559,318.52		19,559,318.52	16,486,541.52
Endowment Income	66,280.35			66,280.35	85,345.12
Hospital					
General Operations					
State Appropriations	30,688,076.00			30,688,076.00	28,310,695.00
Sales and Services of Educational Activities	121,189,260.05			121,189,260.05	109,395,479.70
Other Sources	42,362.64			42,362.64	42,362.64
Departmental Sales and Services					
Revenues for Program Support	4,826,908.02			4,826,908.02	3,654,591.85
Less: Quasi-Revenue	(773,601.09)			(773,601.09)	(606,092.18)
Sponsored Operations					
State Grants and Contracts		5,814,355.99		5,814,355.99	5,721,230.00
Family Practice Residency Program					
General Operations					
State Appropriations	5,832,719.00			5,832,719.00	5,830,380.00
Desegregation Program					
General Operations					
State Appropriations	362,495.00			362,495.00	377,917.00
Georgia Radiation Therapy Center					
General Operations					
Sales and Services of Educational Department	2,590,704.84			2,590,704.84	2,349,620.19
Auxiliary Enterprises					
Student Housing			724,747.08	724,747.08	676,031.44
Food Services			1,049,701.48	1,049,701.48	818,380.80
Stores and Shops			1,917,148.78	1,917,148.78	1,965,219.17
Other Service Units			1,757,288.50	1,757,288.50	1,689,478.91
TOTAL REVENUE	**$ 243,231,933.16**	**$ 36,365,189.92**	**$ 5,448,885.84**	**$ 285,046,008.92**	**$ 264,937,858.05**
Expenditures					
Educational and General					
Resident Instruction					
Instruction	50,938,529.60	19,668,197.13		70,606,726.73	67,028,967.30
Research	492,756.99	9,342,599.77		9,835,356.76	9,993,969.08
Academic Support	7,768,378.53	237,755.89		8,006,134.42	7,697,583.40
Student Services	1,280,174.33	14,043.00		1,294,217.33	1,289,787.02
Institutional Support	8,585,196.27			8,585,196.27	8,704,719.44
Operation and Maintenance of Plant	8,704,719.44			8,704,719.44	9,068,602.29
Scholarships and Fellowships		794,143.00		794,143.00	756,350.00
Hospital					
Patient Care	137,925,896.99	5,814,355.99		143,740,252.98	128,739,249.90
Hospital Support	8,668,247.42			8,668,247.42	8,487,363.54
Operation and Maintenance of Plant	9,056,849.57			9,056,849.57	8,844,485.73
Family Practice Residency Program					
Instruction	5,824,530.88			5,824,530.88	5,829,632.07
Desegregation Program					
Instruction	275,154.68			275,154.68	276,495.41
Scholarships and Fellowships	86,480.00			86,480.00	96,012.10
Georgia Radiation Therapy Center					
Instruction (Patient Care)	2,390,721.93			2,390,721.93	2,192,509.27
Operation and Maintenance of Plant	157,313.05			157,313.05	153,991.85
Auxiliary Enterprises					
Student Housing			787,060.84	787,060.84	768,682.81
Food Services			1,132,435.57	1,132,435.57	813,198.30
Stores and Shops			1,745,166.69	1,745,166.69	1,847,961.66
Other Service Units			1,425,653.71	1,425,653.71	1,420,449.03
TOTAL EXPENDITURES	**$ 242,911,450.23**	**$ 36,365,189.92**	**$ 5,090,316.81**	**$ 284,366,956.96**	**$ 263,962,350.22**
Excess of Revenue Over Expenditures	320,482.93		358,569.03	679,051.96	975,507.83
Beginning Fund Balance, Adjusted	293,855.42		206,898.63	500,754.05	212,726.72
Adjustments Other Than State Audit	256,506.02		461.12	256,967.14	305,787.60
Lapsed Surplus Returned—Prior Year	(293,855.42)			(293,855.42)	(110,119.26)
Provision for Reserves	(522,055.68)		(286,433.70)	(808,489.38)	(883,148.84)
ENDING FUND BALANCES	**$ 54,933.27**		**$ 279,495.08**	**$ 334,428.35**	**$ 500,754.05**

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Members of the Medical College of Georgia President's Club have made lifetime contributions of $50,000 or more and have achieved permanent membership in this giving club. We acknowledge with deep appreciation their generous support.

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The following members of the President's Club have attained Partner Level membership through their gifts of $1,000 or more during fiscal 1990-91. It is our pleasure to acknowledge their generosity.

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President's Club Dinner Returns

The President's Club was re-emphasized this fall with the return of the annual black-tie dinner honoring President's Club members Nov. 1 at the Old Medical College. Membership falls into three levels: life membership is given to contributors whose lifetime gifts exceed $50,000; the founder's category recognizes lifetime giving of $10,000 to $50,000; and partner's-level members contribute $1,000 or more during the fiscal year.

Dr. James Osborne, vice president for university advancement, congratulates the members of the President's Club for taking a leadership role in placing the Medical College of Georgia in the forefront of medical education and health care in the Southeast. "All Georgians benefit from the medical training and research taking place at MCG. State budget difficulties underscore our college's need for increased private support and the President's Club members are in the forefront of providing the private monies the college needs to continue to offer the high level of medical service that MCG is known for. The college is indebted to the President's Club members and we look to include more alumni and friends as members."

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Mr. Roy Patrick
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Adas Yeshurun Sisterhood
Advanced Therapeutics Comm
Albert Einstein Medical Center
Allergy & Immunology Society of Georgia
American College of Rheumatology
American Academy of Dermatology
American Dairy Queen Corporation
American Family Life Assurance
American Heart Association
American Kidney Fund
American Medical Association E.R.F.
Amgen, Incorporated
Antioch Christian Church
Augusta Associates in OB & GYN
Augusta Bag Company
Augusta Chronicle
Augusta Coca-Cola Bottling Company
Augusta Engine Parts Company
Augusta GYN., P.C.
Augusta Junior Woman's Club
Augusta Lions Club
Augusta Radiology Associates
Augusta Ready Mix, Inc.
Augusta Swim League
Augusta Twenty Niners Georgia Open
Augusta West Dance Guild, Incorporated
Austin Industrial, Incorporated
Avery Tree Farms
Bachelors Club of Augusta, Incorporated
Bank of Columbia County
Bankers First
Bankers First Real Estate Corp.
Barham-Calhoun Memorial Fund
Bart D. Wittenberg Religion School
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Beecham Laboratories
Beta Sigma Phi Omega Chapter
Betty Stockman School of Dance
Bimeco, Inc.
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Blue Ridge Elementary School
Bockus International Society of Gastroenterology
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Boehringher Ingelheim Pharmaceutical, Incorporated
Bristol-Myers Pharmaceutical
Bristol-Myers Squibb Company
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Burnside, Wall & Daniel
Burnt Mill Plantation
Burron Medical, Incorporated
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Callaway Foundation, Inc.
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Caravel, Incorporated—Port Royal
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Caremark Home Healthcare
Carl J. Herzog Foundation, Incorporated
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Children Center for Cancer
Chuck Campbell's Wallpapers
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Clark Hill Bassmasters
Con Agra Feed Company
Counseling & Readjustment Services
Cowart Cabinets
Critical Technology Corporation
Cryolife, Incorporated
Cullum Foundation
Curtice-Burns/Pro-Fac Foundation
COBE Laboratories, Incorporated
CSRA American Association of Cost Eng.
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Evans High School
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First Union Foundation
First United Methodist Church
Fleming Lions Club
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Forest Products Division
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Fort Gordon Officers Wives Club
FTD Florists
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Heinz U.S.A.
Henry Ford Hospital
Hercules, Incorporated—Delaware
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Isolab Incorporated
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IDS Financial Services, Incorporated
J.B. White Company
J & H Stores, Incorporated (Pump-N-Shop)
Jake's Christmas Tree Farm
Janssen Pharmaceutical
Janssen Research Foundation
Jefferson Elementary
John M. Olin Foundation, Incorporated
Johnson & Johnson
Johnson Motor Company, Incorporated
Jones Intercable, Incorporated
Junior League of Augusta, Incorporated
K-Mart Good News Committee
Kennedy Middle School
Key Pharmaceuticals, Incorporated
Kiwanis Club of Augusta, Incorporated
Kiwanis Club of Martinez-Evans
Kiwanis Club of Thomson
Kiwanis Club of Uptown Augusta
Knights Templar Educational Foundation
Knoll Pharmaceutical Company
Koger-Walters Oil Company/Amoco
Kol Bio Med. Instruments, Incorporated
Krystal Company
Lakeside Middle School
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